

THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Cost Summary

Costs through the period ending December 31, 2005

for

**R & H OIL / TROPICANA
San Antonio, Texas
EPA FACILITY No. TX0000605397
(60MB)**

Date prepared: March 8, 2006

Narrative Cost Summary Report:

- 1. The Agency for Toxic Substances and Disease Registry (ATSDR) has incurred costs of at least \$1,781.30 for payroll through the period ending December 31, 2005.**
- 2. The Agency for Toxic Substances and Disease Registry has incurred indirect costs of at least \$8,991.50 for fiscal years 2002, 2003, and 2004. The indirect costs for fiscal year 2004 are calculated using a provisional indirect cost rate.**
- 3. The Agency for Toxic Substances and Disease Registry has incurred costs of at least \$18,605.97 under a cooperative agreement with the State of Texas through the period ending December 31, 2005.**
- 4. The Agency for Toxic Substances and Disease Registry has included a copy of a Public Health Assessment dated December 16, 2003.**

TOTAL COSTS: \$ 29,378.77

978802



Personal Identifiers Redacted

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

PAYROLL EXPENSE REPORT

Costs through the period ending December 31, 2005

R & H OIL / TROPICANA
San Antonio, Texas
(60MB)

<u>EMPLOYEE NAME</u>	<u>FISCAL YEAR</u>	<u>HOURS</u>	<u>AMOUNT</u>
Carpenter, James K.	2004	1.00	\$ 49.05
Erlwein, Roberta	2002	1.00	49.91
Knowles, Robert B.	2002	16.50	682.44
	2003	7.00	303.73
	2004	16.50	696.17
		<hr/>	<hr/>
TOTAL		42.00	\$ 1,781.30

DOCUMENTATION

COPY OF PAYROLL EXPENSE REPORT
COPY OF TIME SHEETS
COPY OF ACTIVITY CODES AND DEFINITIONS

Personal Identifiers Redacted

Payroll Expense Report

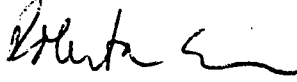

10/01/1988 Thru 01/07/2006

CRS No: 60MB - R & H OIL/TROPICANA, BEXAR

Employee Name	FY	PP	Act Code	Hours	Dollar Amount
CARPENTER, JAMES K	2004	07	B00	1.00	49.05
			Fiscal Year Total:	1.00	\$ 49.05
			Employee Total:	1.00	\$ 49.05
ERLWEIN, ROBERTA	2002	19	B00	1.00	49.91
			Fiscal Year Total:	1.00	\$ 49.91
			Employee Total:	1.00	\$ 49.91
KNOWLES, ROBERT B	2002	19	B00	15.00	620.40
KNOWLES, ROBERT B	2002	20	B00	1.50	62.04
			Fiscal Year Total:	16.50	\$ 682.44
KNOWLES, ROBERT B	2003	06	B00	7.00	303.73
			Fiscal Year Total:	7.00	\$ 303.73
KNOWLES, ROBERT B	2004	02	B00	1.50	61.02
KNOWLES, ROBERT B	2004	03	B00	4.50	187.52
KNOWLES, ROBERT B	2004	04	B00	3.00	126.57
KNOWLES, ROBERT B	2004	05	B00	2.00	85.44
KNOWLES, ROBERT B	2004	06	B00	2.00	85.44
KNOWLES, ROBERT B	2004	07	B00	3.00	128.16
KNOWLES, ROBERT B	2004	08	B00	.50	22.02
			Fiscal Year Total:	16.50	\$ 696.17
			Employee Total:	40.00	\$ 1,682.34
			Report Total:	42.00	\$ 1,781.30

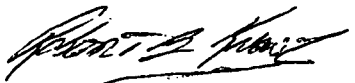
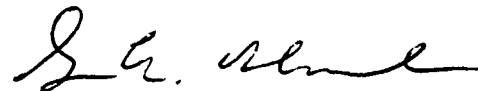
ATSDR COST RECOVERY TIME SHEET

PAGE 1 OF 1

EMPLOYEE NAME ERLWEIN, ROBERTA			SOCIAL SECURITY NUMBER Personal Identifiers Redacted			PAY PERIOD NUMBER 19			PAY PERIOD DATE 06/15/2002								
REGULAR HOURS																	
ACT CODE	SITE ACCT	SITE NAME AND STATE	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	TOTAL HOURS
	Z001	NON-SITE-SPECIFIC	0.00	5.00	6.00	4.50	6.50	6.00	0.00	0.00	8.00	2.50	2.00	5.00	7.00	4.50	57.00
H00	7A17	HERCULANEUM LEAD SHELTER SITE MO	0.00	1.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	1.00	0.00	0.00	3.00
B00	301M	VALMONT TCE, HAZLETON TWP/W.H PA	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
N00	9075	LAWRENCE LIVERMORE NATL LAB (CA	0.00	1.00	1.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	4.00
N00	A665	RHODIA CHEMICAL COMPANY, NEW NJ	0.00	0.00	0.50	0.50	0.00	0.50	0.00	0.00	0.00	0.00	1.50	0.00	1.00	0.00	4.00
H00	A774	GRAND TRAVERSE COMMONS (GTC50 MI	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
H00	9#CA	STATE OF CALIFORNIA GENERIC S CA	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
H00	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
H00	A783	RISDON CORPORATION, DANBURY CT	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
H00	A615	CAFO FARMS IN MISSOURI MO	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.50
B00	3C08	WATSON & JOHNSON LANDFILL, RI PA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	1.50	0.50	0.00	0.00	5.00
H00	4#SC	STATE OF SOUTH CAROLINA GENER SC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
B00	60JT	PATRICK BAYOU, DEER PARK TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
H00	5#IL	STATE OF ILLINOIS GENERIC SIT IL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
N00	30N2	EASTERN DIVERSIFIED METALS PA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
		GRAND TOTAL	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	4.50	84.50
EMPLOYEE SIGNATURE			DATE			SUPERVISOR SIGNATURE			DATE								
			6/24/02						6/24/02								

ATSDR COST RECOVERY TIME SHEET

PAGE 1 OF 1

EMPLOYEE NAME			SOCIAL SECURITY NUMBER			PAY PERIOD NUMBER			PAY PERIOD DATE								
KNOWLES, ROBERT B.			Personal Identifiers Redacted			19			06/15/2002								
REGULAR HOURS																	
ACT	SITE	SITE NAME AND STATE	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	TOTAL
CODE	ACCT																HOURS
	Z001	NON-SITE-SPECIFIC	0.00	1.00	1.00	1.50	1.50	1.00	0.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	10.00
T01	A756	BIOTERRORISM-PUBLIC HEALTH TH GA	0.00	0.00	2.00	1.50	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.50
B00	40QF	ESCAMBIA WOOD-BRUNSWICK WOOD GA	0.00	3.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
B00	60HZ	GRIGGS & WALNUT GROUND WATER NM	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	3.00
B00	60KB	PALMER BARGE LINE, INC, PORT TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.50
B00	609N	NORTH RAILROAD AVENUE PLUME, NM	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	2.50
H00	70L3	CHEMICAL COMMODITIES INC., OL KS	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
B00	70XS	TRI-COUNTY PUBLIC AIRPORT, DE KS	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	3.00
H00	6#TX	STATE OF TEXAS GENERIC SITE TX	0.00	4.00	0.00	1.00	1.50	4.00	0.00	0.00	0.00	4.00	1.50	2.00	2.00	0.00	20.00
B00	60JT	PATRICK BAYOU, DEER PARK TX	0.00	0.00	3.00	0.00	2.00	2.00	0.00	0.00	0.00	0.00	2.50	3.00	2.00	0.00	14.50
B00	60MB	R&H OIL/TROPICANA, BEXAR TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	4.00	3.00	2.00	3.00	0.00	15.00
GRAND TOTAL			0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	80.00
EMPLOYEE SIGNATURE							DATE		SUPERVISOR SIGNATURE							DATE	
							6/12/02									6/12/02	

DATE _____

[illegible]

DATE _____

[illegible]

EFFECTIVE OCTOBER 2, 1994
COST RECOVERY TIMESHEETS
REVISED ATSDR ACTIVITY CODES AND DEFINITIONS

<u>CODE</u>	<u>DEFINITION</u>
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A01_EXPOSURE INVESTIGATIONS

Exposure investigations are site-specific investigations carried out for the purpose of further characterizing the extent of human exposure for improving public health decision making. The site-specific information may include results of environmental sampling and biologic testing and evaluation of existing health outcome data. Information obtained from the investigations is included in public health assessments, health consultations, health studies, and public health advisories.

A02_EXPOSURE-DOSE RECONSTRUCTION

This method estimates dose based on actual or potential human contact with hazardous substances in the environment. Dose is the amount of contaminant that is absorbed or deposited in the body of an exposed individual over a specified time.

These activities, which support public health assessments and health consultations, include site investigations to determine environmental contamination, exposure pathways, and population exposure; spatial analyses; environmental modeling; and presentation of analyses to state, federal, and local agencies.

B00_PUBLIC HEALTH ASSESSMENT

A public health assessment is the evaluation of data and information on the release of hazardous substances into the environment in order to assess any current or future impact on public health, develop health advisories or other recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects.

Activities include preliminary public health assessment activities, Geographical Information System (GIS) analysis, meetings and telephone calls to discuss the site, site visits, community involvement activities, collection of demographic data, and the like.

B01_SITE REVIEW AND UPDATE

This is the re-evaluation of a site's current conditions to ensure that the original public health assessment identified all significant human exposures or health concerns. The activity is an effort to ensure the usefulness of the public health assessment document.

EFFECTIVE OCTOBER 2, 1994

<u>CODE</u>	<u>DEFINITION</u>
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C00 PETITIONED PUBLIC HEALTH ASSESSMENT

A petitioned public health assessment is a health assessment conducted at the request of a member of the public. A team of scientists investigates and gathers information from appropriate local, state, and federal agencies. A screening committee reviews the data to determine if there is a basis for conducting a public health assessment.

D00 PUBLIC HEALTH ADVISORY

A public health advisory is a statement of findings that a substance released into the environment poses a significant risk to human health. Recommended measures to reduce human exposure and to eliminate, or substantially mitigate, significant risk to human health are included in the statement.

H00 HEALTH CONSULTATION

A health consultation is a written or verbal response from ATSDR to a specific question or request for information pertaining to a hazardous substance or facility. It includes reviewing medical or health information to provide expert medical, epidemiologic, or public health assistance.

Q00 MEDICAL WASTE REPORT FOLLOW-UP ACTIVITIES

In response to citizen inquiries, activities include review of EPA documents referencing the ATSDR report and consultations relating to the Agency report.

E00 NATIONAL EXPOSURE REGISTRY

The National Exposure Registry is composed of chemical-specific subregistries of eligible persons who came in contact with specific substances at selected locations. Cost recoverable activities may include duties or activities involved in the development, implementation, and maintenance of subregistries to the National Exposure Registry or related preliminary or follow-up activities.

EFFECTIVE OCTOBER 2, 1994

<u>CODE</u>	<u>DEFINITION</u>
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<u>J00</u>	HEALTH STUDIES/EPIDEMIOLOGY STUDIES
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Epidemiologic studies are designed to evaluate the causal nature of associations between human exposure to hazardous substances and disease outcome by testing scientific hypotheses. These studies do have comparison populations.

<u>J01</u>	HEALTH STUDIES/HEALTH INVESTIGATIONS
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These human health studies include biological indicators of exposure studies, biomedical testing, case studies, cluster investigations, community health investigations, and disease and symptom prevalence studies. These studies may or may not have comparison populations.

<u>J02</u>	HEALTH STUDIES/HEALTH STATISTICS REVIEW
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This is a review and analysis of existing data to determine abnormal morbidity or mortality. These reviews are classified by data source information, which may include birth certificates, death certificates, and state and local government records.

<u>J03</u>	HEALTH SURVEILLANCE ACTIVITIES
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Health surveillance activities evaluate trends in adverse health effects or exposure over time. Health surveillance at ATSDR includes five types of surveillance: Hazardous Substances Emergency Events Surveillance Systems (HSEESS), hazardous waste worker surveillance, site-specific surveillance, long-term relocation surveillance (a subset of site-specific surveillance), state-based surveillance, and tracking systems, including the voluntary residents tracking system.

<u>V01</u>	HEALTH PROFESSIONAL EDUCATION
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These activities are designed to improve the knowledge, skill, and behavior of health professionals concerning medical surveillance, screening, and methods of diagnosing, treating, and preventing injury or disease related to exposure to hazardous substances. They may include presenting workshops and short courses, supporting curriculum development and applied research in the area of environmental health, and increasing the availability of information on hazardous substances to physicians and other health professionals.

EFFECTIVE OCTOBER 2, 1994

CODE DEFINITION

_V02___ COMMUNITY HEALTH EDUCATION

These activities are directed toward the community near a hazardous waste site and designed to assist the community in understanding its potential for exposure, or assessing adverse health occurrence in the community, for the purpose of preventing or mitigating exposure to hazardous substances. Activities may include disseminating written materials, presenting coordinated programs involving on-site actions and site-specific materials development (prevention oriented), or supporting an on-site health educator.

_K00___ EMERGENCY RESPONSE

This is a response to a release or threat of release of pollutants and contaminants that may present an imminent and substantial danger to public health or welfare.

_M00___ LEGAL CONSULTATION

This is a consultation with the Office of the General Counsel regarding a specific site.

_N00___ MANAGEMENT INFORMATION SYSTEMS (SITE-SPECIFIC)

These are site-specific activities involved with ATSDR's Management Information System/HazDat, data analysis, or other Agency information systems.

EFFECTIVE OCTOBER 2, 1994
COST RECOVERY TIMESHEETS
REVISED ATSDR ACTIVITY CODES AND DEFINITIONS

SITE-SPECIFIC ACTIVITIES

ACTIVITY CODES

A01 EXPOSURE INVESTIGATIONS

A02 EXPOSURE-DOSE RECONSTRUCTION

B00 PUBLIC HEALTH ASSESSMENT

B01 SITE REVIEW AND UPDATE

C00 PETITIONED PUBLIC HEALTH ASSESSMENT

D00 PUBLIC HEALTH ADVISORY

H00 HEALTH CONSULTATION

Q00 MEDICAL WASTE REPORT FOLLOW-UP ACTIVITIES

E00 NATIONAL EXPOSURE REGISTRY

J00 HEALTH STUDIES/EPIDEMIOLOGY STUDIES

J01 HEALTH STUDIES/HEALTH INVESTIGATIONS

J02 HEALTH STUDIES/HEALTH STATISTICS REVIEW

J03 HEAHEALTH SURVEILLANCE ACTIVITIES

_V01__ HEALTH PROFESSIONAL EDUCATION

_V02__ COMMUNITY HEALTH EDUCATION

K00 EMERGENCY RESPONSE

M00 LEGAL CONSULTATION

N00 MANAGEMENT INFORMATION SYSTEMS (SITE-SPECIFIC)

EFFECTIVE OCTOBER 2, 1994
NON-SITE-SPECIFIC ACTIVITIES:

SITE ACCOUNT CODES

Z001 NON-SITE-SPECIFIC ACTIVITIES

LWOP LEAVE WITHOUT PAY

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

INDIRECT COST RATE EXPENSE

Costs through the period ending December 31, 2005

R & H OIL / TROPICANA
San Antonio, Texas
(60MB)

<u>FISCAL YEAR</u>	<u>RATE</u>	<u>HOURS</u>	<u>AMOUNT</u>
2002	\$ 210.00 (1)	17.50	\$ 3,675.00
2003	\$ 217.00 (1)	<u>7.00</u>	<u>\$ 1,519.00</u>
INDIRECT TOTALS		<u>24.50</u>	<u>\$ 5,194.00</u>
2004	\$ 217.00 (2)	<u>17.50</u>	<u>\$ 3,797.50</u>
PROVISIONAL INDIRECT TOTALS		<u>17.50</u>	<u>\$ 3,797.50</u>
TOTAL INDIRECT COSTS		<u><u>42.00</u></u>	<u><u>\$ 8,991.50</u></u>

Note (1) The listed indirect cost rate was compiled by Cotton and Company, a CPA firm under contract to ATSDR. The documentation to support the final CPA calculations has been provided to EPA regional offices under a separate cover.

Note (2) ATSDR includes a provisional indirect cost rate for fiscal year(s) when a final rate has not yet been developed. The provisional rate is the most recent final indirect cost rate. When a final rate is developed for the fiscal year, ATSDR will make appropriate adjustments to reflect the difference between the provisional rate and the final rate in future cost recovery packages.

DOCUMENTATION:

COPY OF INDIRECT COSTS REPORT
COPY OF INDIRECT COST RATES

Personal Identifiers Redacted

Indirect Costs Report

Site Name: 60MB - R & H OIL/TROPICANA, BEXAR
Fiscal Year Range: 1989 To 2006

Pay Period Date Range: 10/1/1988 To 1/7/2006

<u>FY</u>	<u>Indirect Rate</u>	<u>Hours</u>	<u>Indirect Cost</u>
2002	210.00	17.50	3,675.00
2003	217.00	7.00	1,519.00
2004	217.00**	17.50	3,797.50
Indirect Totals:		24.50	5,194.00
Provisional Indirect Totals:		17.50	3,797.50
Total Indirect Costs:		42.00	8,991.50

** - ATSDR includes a provisional indirect cost rate for fiscal year(s) when a final rate has not yet been developed. The provisional rate is the most recent final indirect cost rate. When a final rate is developed for a fiscal year, ATSDR will make appropriate adjustments to reflect the difference between the provisional rate and the final rate in future cost recovery packages.

EXHIBIT A

**AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
FISCAL YEAR 2002 INDIRECT COST RATE
FOR THE SUPERFUND PROGRAM**

Indirect Costs	Regional Operations	Division of Health Assessments and Consultation	Division of Health Studies	Division of Toxicology	Division of Health Education and Promotion	Total
Division/Office	\$1,111,431	\$6,130,485	\$1,110,898	\$272,048	\$418,881	\$9,043,743
G&A Costs	2,890,103	8,022,945	4,081,695	4,024,639	2,925,215	21,944,597
Allocation of G&A to Other Activities	(1,267,978)	(1,889,404)	(2,713,492)	(3,664,836)	(2,704,068)	(12,239,778)
Research and External Affairs	598,403	2,273,014		55,416	120,985	3,047,818
Total Indirect Costs	<u>\$3,331,959</u>	<u>\$14,537,040</u>	<u>\$2,479,101</u>	<u>\$687,267</u>	<u>\$761,013</u>	<u>\$21,796,380</u>
Direct Hours (CERCLA Employees)						<u>103,912</u>
Rate Per Hour						<u>\$210</u>

EXHIBIT A

**AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
FISCAL YEAR 2003 INDIRECT COST RATE
FOR THE SUPERFUND PROGRAM**

Indirect Costs	Regional Operations	Division of Health Assessment and Consultation	Division of Health Studies	Division of Toxicology	Division of Health Education and Promotion	Total
Division/Office	\$1,240,594	\$7,433,738	\$1,021,244	\$657,706	\$85,915	\$10,439,197
G&A Costs	3,182,440	8,086,341	4,383,764	4,359,935	3,182,440	23,194,920
Allocation of G&A to Other Activities	(1,317,630)	(534,507)	(2,587,845)	(3,696,789)	(2,903,022)	(11,039,793)
Research and External Affairs	545,665	2,588,539		144,332	131,249	3,409,785
Total Indirect Costs	\$3,651,069	\$17,574,111	\$2,817,163	\$1,465,184	\$496,582	\$26,004,109
Direct Hours (CERCLA Employees)						119,834
Rate Per Hour						\$217

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

COOPERATIVE AGREEMENT EXPENDITURES

Texas Department of State Health Services
Environmental & Injury Epidemiology and Toxicology Branch

Costs through December 31, 2005

for

R & H OIL / TROPICANA
San Antonio, Texas
EPA FACILITY No. TX0000605397
(60MB)

Total costs: \$ 18,605.97

DOCUMENTATION:

COPY OF COST RECOVERY DOCUMENTATION PROVIDED BY
THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES,
ENVIRONMENTAL & INJURY EPIDEMIOLOGY AND
TOXICOLOGY BRANCH



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D., M.P.H.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>

March 8, 2006

Betty N. Jones
Agency for Toxic Substances and Disease Registry
OFAS/ Mail Stop E-28 Fourth Floor
1600 Clifton Road, NE
Atlanta, Georgia 30333

ATTN: Tim Reynolds

In response to your February 21, 2006 request for the R & H Oil/Tropicana, San Antonio, Texas (60MB), EPA Facility No. TXD0000605397 Superfund site cost recovery package, we submit the following costs for the time from when work began through September 29, 1994 and April 1, 2005 through December 31, 2005. There have been no cost recoverable activities since January 31, 2004.

Cooperative Agreement FY01	Hours	Salary	Fringe Benefits (22.08%)	Total Payroll	Travel Costs	Non Site-specific (8.1%)	Total Costs per person
Keith Hutchinson	2	\$37.86	\$8.36	\$46.22	\$0.00	\$3.74	\$49.96
Susan Prosperie	19.8	\$444.71	\$98.19	\$542.90	\$0.00	\$43.97	\$586.87
Tom Ellerbee	50	\$974.00	\$215.06	\$1,189.06	\$47.29	\$96.31	\$1,332.66
FY01 EXPENSES							\$1,969.49

Cooperative Agreement FY02	Hours	Salary	Fringe Benefits (22.08%)	Total Payroll	Travel Costs	Non Site-specific (9.9%)	Total Costs per person
Susan Prosperie	4.5	\$85.19	\$18.81	\$103.99	\$0.00	\$10.30	\$114.29
Tom Ellerbee	225	\$4,710.10	\$1,039.99	\$5,750.08	\$62.48	\$569.26	\$6,381.82
FY02 EXPENSES							\$6,496.11

Cooperative Agreement FY03	Hours	Salary	Fringe Benefits (23.02%)	Total Payroll	Travel Costs	Non Site-specific (9.9%)	Total Costs per person
Susan Prosperie	1	\$22.46	\$5.17	\$27.63		\$2.74	\$30.37
Tom Ellerbee	312	\$6,726.93	\$1,548.54	\$8,275.47	\$0.00	\$819.27	\$9,094.74
Tina Walker	2	\$35.78	\$8.24	\$44.02		\$4.36	\$48.37
FY03 EXPENSES							\$9,173.48

An Equal Employment Opportunity Employer

Betty N. Jones
March 8, 2006
Page 2

Cooperative Agreement FY04	Hours	Salary	Fringe Benefits (28.46%)	Total Payroll	Travel Costs	Non Site-specific (10.5%)	Total Costs per person
Tom Ellerbee	18	\$394.92	\$112.39	\$507.31	\$0.00	\$53.27	\$560.58
Tina Walker	16	\$286.24	\$81.46	\$367.70		\$38.61	\$406.31
FY04 EXPENSES							\$966.89
TOTAL EXPENSES							\$18,605.97

For recoverable costs, we reviewed staff time and expenses under our Health Assessment, Health Education, Combined (607), and/or Program Announcement 1043 Cooperative Agreements with the Agency for Toxic Substances and Disease Registry. If you have any questions regarding this information, please call me at (512) 458-7269.

Sincerely,



Nancy B. Ingram
Public Health Technician
Environmental and Injury Epidemiology
and Toxicology Branch

Enclosures

An Equal Employment Opportunity Employer

Time Sheets

Work	Days	M	to	F
Schedule	Hour	8	to	5
	Lunch	1 hour		

Environmental Epi & Tox / Epi
Division/Region/Local Health Department

E.

Complete in first month of employment only

Complete in last month of employment only

Hourly Employee Yes ☐ No ☒ # HRS in Month 160

• Other:

****Hourly employees leave this line blank. Fiscal will compute.**

I certify that the time shown is correct and that all leave has been properly record

Holiday Subs. Taken	975
Extended Sick Leave	994
Emergency Leave	995
Jury Duty	996
Military Leave	997
Volunteer Fireman	998
Administrative Leave	988

Keith E. Hutchins

Supervisor's Signature

Timekeeper Initial _____

Authorized Payroll Signature

Work	Day	Mon-Fri
Schedule	Hou	8:00-5:00
	Lunch	1 hr

Environmental Epi & Tox Division
Division/Region/Local Health Department

L

Initial

65

FWS Yes No

Complete in first month of employment only

Complete in last month of employment only

[illegible]

\$32.00	No Vow
--------------------	--------

****Hourly employees leave this line blank. Fiscal will compute**

Code

RCD STAMP

I certify that the time shown is correct and that all leave has been properly recorded:

Employee's Signature: Susan L. Hooper
Supervisor's Signature: Monica L. Brown for JF!

Authorized Payroll Signature

Date _____

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	4:00
	Lunch			

Division/Region/Local Health Department

Complete in first month of employment only

Date _____
Complete in last month of employment only

Complete in last month of employment only

Hourly Employee Yes No X # HRS in Month 184

Travel S
47.2

****Hourly employees leave this line blank. Fiscal will compute.**

I certify that the time shown is correct and that all leave has been properly record

Form No. B-53 Revised 3/98 (cb-qpro 5.0)

Authorized Payroll Signature

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 4:00
	Lunch

September 2001
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 88

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 160

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
	402																																	
*****	402																																	
R & H Oil/Tropicana Energy	402	14.5					3					3	6							1.5							1							
Palmer Barge Line	402	10																	3	4							3							
Winters Seed Company	402																																	
WJ Smith Wood Preserving	402	53						4	2			3.5		6	1					1.5	8	8	4				6		7	3				
	402																																	
TDH Administrative	407	54.5					5	4	2			1.5	2	2	7	8				1	1			4			3	4	1	1	8			
TDH 1	407																																	
TDH 2	407																																	
TDH 3	407																																	
TDH 4	407																																	
TDH 5																																		
Subtotal Working Time		132					8	8	4			8	8	8	8	8				4	8	8	8	8			8	8	8	4	8			
Leave:																																		
Annual	990	8				8																												
Sick-Employee	986																																	
Sick-Family Member	991	12							4											4									4					
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Compensatory Time Taken	993																																	
*Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999	8			8																													
TOTAL		160			8	8	8	8	8			8	8	8	8	8				8	8	8	8	8			8	8	8	8	8			
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

I certify that the time shown is correct and that all leave has been properly record

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

Thomas R. Ellerbe
Employee's Signature

Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon-Fri
Schedule	Hour 7:30-4:30
	Lunch 1 hr

June 2002 Environmental Epi & Tox Division
(Year) Division/Region/Local Health Department

Prosperie Susan L.
Last Name First Name Initial
Personal Identifiers Redacted
Social Security Number

% Time Employed: 100 FWS Yes No
Budget No. 4C420 Item No. 65
Hourly Employee Yes No X # HRS in Month

Employee Begin Date
Complete in first month of employment only
Employee End Date
Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administration	402	2.0													1.0	1.0																		
R&H Oil Company	402	4.5													1.0	3.5																		
Koch West Petition site	402	2.0											1.0		1.0																			
El Paso Metals	402	16.0																				5.0	4.0					3.0	2.0	2.0				
Brine Services	402	6.0																				4.0							1.0	1.0				
Corpus Christi Landfill Cor	402																																	
	402																																	
TDH Administrative	407	111.6			11	5.0	7.0	8.0	7.0			7.0	7.0	6.6	6.0	2.5			6.0	7.0	6.0	3.0				6.0	6.0	3.0	4.0	3.5				
Laredo Air Base	407	10.0																			1	2				2	2	2	1					
	407																																	
	407																																	
	407																																	
	407																																	
	407																																	
	407																																	
	407																																	
Conroe Creosoting	407	2.0				1.0						1.0																						
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		154.1			11.0	5.0	8.0	8.0	7.0			8.0	8.0	6.6	8.0	8.0			6.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	6.5				
Leave:																																		
Annual	990																																	
Sick-Employee	986	3.9						1.0						1.4																				
Sick-Family Member	991	2.0																	2.0															
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Compensatory Time Take	993																																	
*Other	988																																	
*Emergency Leave	995																																	
**Holidays	999	8.0																				8.0												
TOTAL		168.0			11.0	5.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	16.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0				
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other: **Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988

RCD STAMP

I certify that the time shown is correct and that all leave has been properly recorded.

Employee's Signature
Supervisor's Signature
Timekeeper Initial Authorized Payroll Signature
Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 4:00
Lunch	

October 2001
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE
Last Name
Personal Identifiers Redacted
Social Security Number

THOMAS R
First Name Initial
4c420 88
Budget No Item No.

% Time Employed: 100 FWS Yes ___ No ___
Hourly Employee Yes ___ No ☒ # HRS in Month 184

Employee Begin Date
Complete in first month of employment only
Employee End Date
Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
*****	402																																	
R & H Oil/Tropicana Energy	402	26.5			0.5												6	3	4	8				2.5	2.5									
Palmer Barge Line	402	23.5			1													2							1	2	6	1.5			6.5	3.5		
Winters Seed Company	402	1.5			0.5																				1									
WJ Smith Wood Preserving	402	52.5			1.5	2	6.5			6	7	7	8	5			1		1							2		4				3.5		
	402																																	
TDH Administrative	407	58.5	1	8	4.5	6	1.5			2	1	1	2	3			1	3	3		1.5			5.5	4.5	3	2	2.5			1.5	1		
TDH 1	407																																	
TDH 2	407																																	
TDH 3	407																																	
TDH 4	407																																	
TDH 5	407																																	
Subtotal Working Time		162.5	1	8	8	8	8			8	8	8	8	8			8	8	8	8	1.5			8	8	8	8	8			8	8	8	
Leave:																																		
Annual	990																																	
Sick-Employee	986																																	
Sick-Family Member	991	21.5	7																		6.5												8	
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Compensatory Time Taken	993																																	
*Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999																																	
TOTAL		184	8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbee 11/01/01
Employee's Signature
Supervisor's Signature
Timekeeper Initial
Authorized Payroll Signature

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - #####
	Lunch

November 2001
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE THOMAS R
Last Name First Name Initial
Personal Identifiers Redacted 4c420 88
Social Security Number Budget No Item No.

% Time Employed: 100 FWS Yes No
Hourly Employee Yes No X # HRS in Month 176

Employee Begin Date Complete in first month of employment only
Employee End Date Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$			
ATSDR Administrative	402																																				
Corpus Christi landfills	402	32					2.5	1	1	2				6								3	4	5.5					6	2							
R & H Oil/Tropicana Energy	402	6	3	1.5			1.5																														
Palmer Barge Line	402	2		1					1																												
WJ Smith Wood Preserving	402	13		3					4	3	3																										
	402																																				
TDH Administrative	407	79	5	2.5				4	3	3	3			2	8	8	2.5					6	4	2.5					3	2	5.5	8	8				
TDH 1	407																																				
TDH 2	407																																				
TDH 3	407																																				
TDH 4	407																																				
TDH 5																																					
Subtotal Working Time		132	8	8			8	8	8	8				8	8	8	2.5					8	8	8				8	4	5.5	8	8					
Leave:																																					
Annual	990	8									8																										
Sick-Employee	986	20																												4	2.5						
Sick-Family Member	981																																				
Leave Without Pay	992																																				
Leave w/o Pay-Sick	987																																				
Overtime Comp Taken	971																																				
Compensatory Time Taken	993																																				
*Jury Duty	996																																				
Emergency Leave	995																																				
**Holidays	999	16																							8	8											
TOTAL		176	8	8			8	8	8	8	8			8	8	8	8	8				8	8	8	8	8		8	8	8	8	8					
Holiday Subs. Earned	976																																				
Compensatory Time Earned	950																																				
FLEX Work Sched Adjust	955																																				

* Other: **Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbee

Employee's Signature

Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	4:00
Lunch				

December 2001
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE THOMAS R
Last Name First Name Initial
Personal Identifiers Redacted
Social Security Number

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Employee End Date

Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R & H Oil/Tropicana Energy	402	1																				1												
Palmer Barge Line	402	3					0.5								1.5							1												
WJ Smith Wood Preserving	402	56.5						8	2.5			5.5	7	5.5	4	8				8	2	4	1							3	4			
Corpus Christi landfills	402	1							0.5			0.5																						
TDH Administrative	407	65			5.5	5	8	1.5	5			2	1	2.5	2.5	2				2	2	4	5						5	4		8		
TDH 1	407																																	
TDH 2	407																																	
TDH 3	407																																	
TDH 4	407																																	
TDH 5																																		
Subtotal Working Time		126.5			5.5	5	8	8	8			8	8	8	8	8				8	4	8	8						8	8		8		
Leave:																																		
Annual	990	6.5			2.5															4														
Sick-Employee	986																																	
Sick-Family Member	991	11				3																	8											
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Compensatory Time Taken	993																																	
* Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999	24																																
TOTAL		168			8	8	8	8	8			8	8	8	8	8				8	8	8	8					8	8		8			
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 998
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Thomas R. Ellerbe 01/02/02
Employee's Signature
Supervisor's Signature
Timekeeper Initial
Authorized Payroll Signature

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work Days	Mon - Fri
Schedule Hour	7:30 - 16:00
Lunch	

March 2002
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 168

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$	
ATSDR Administrative	402																																		
R & H Oil/Tropicana Energy	402	0.5						0.5																											
Palmer Barge Line	402	62.5	6			4	4	6	6.5	4										6	6.5		6.5	4			4.5	2.5			3				
WJ Smith Wood Preserving	402																																		
	402																																		
TDH Administrative	407	43.5	3			4	4	1.5	1.5	4										2	1.5	2.5	1.5	2.5			1.5	2	3.5	5	3.5				
Occupational Pb consult	407	5.5																				5.5													
Silicosis consult	407	5.5																									2	3.5							
Austin-city landfill consult	407	9																											4.5	3	1.5				
	407																																		
	407																																		
Subtotal Working Time		126.5	8			8	8	8	8	8										8	8	8	8	6.5			8	8	8	8	8				
Leave:																																			
Annual	990	33.5												8	8	8	8						1.5												
Sick-Employee	986																																		
Sick-Family Member	991																																		
Leave Without Pay	992																																		
Leave w/o Pay-Sick	987																																		
Overtime Comp Taken	871																																		
Compensatory Time Taken	993																																		
*Jury Duty	996																																		
Emergency Leave	995	8											8																						
**Holidays	999																																		
TOTAL		168	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8				
Holiday Subs. Earned	976																																		
Compensatory Time Earned	950																																		
FLEX Work Sched Adjust	955																																		

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 998
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbe 04/01/02
Employee's Signature

Supervisor's Signature

Timekeeper Initial _____ Authorized Payroll Signature _____

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 16:00
Lunch	

APRIL 2002

(Year)

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes No

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes No X # HRS in Month 176

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R & M Oil/Tropicans Energ	402	2.5										2	0.5																					
Palmer Barge Line	402	38	5	8	6	3.5	2			2							3			5	3.5													
WJ Smith Wood Preserving	402	4									2.5	1.5																						
Port Drum	402	8					3	5																										
TDH Administrative	407	86.5	3	2	2	1.5	1			6	3.5	2.5					6	4.5	8	3	4.5			8	8	8	8					8		
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		137	8	8	8	8	8			8	8	4.5					8	4.5	8	8	8			8	8	8	8					8		
Leave:																																		
Annual	890	18																										8			8			
Sick-Employee	886	19.5										3.5	8	8																				
Sick-Family Member	891	3.5															3.5																	
Leave Without Pay	892																																	
Leave w/o Pay-Sick	887																																	
Overtime Comp Taken	871																																	
Compensatory Time Taken	893																																	
*Jury Duty	896																																	
Emergency Leave	895																																	
**Holidays	899																																	
TOTAL		176	8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8				8	8	
Holiday Subs. Earned	876																																	
Compensatory Time Earned	850																																	
FLEX Work Sched Adjust	855																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

	Code
Holiday Subs. Taken	975
Extended Sick Leave	994
Emergency Leave	995
Jury Duty	996
Military Leave	997
Volunteer Fireman	998
Administrative Leave	988

Form No. B-33 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbe 05/01/02
Employee's Signature
Supervisor's Signature
Authorized Payroll Signature

Timekeeper Initial

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 16:00
Lunch	

MAY

2002

BUREAU OF EPIDEMIOLOGY

(Year)

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No X # HRS in Month 184

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R&H Oil/Tropicana Energy	402	95						3.5	7.5	2		1.5			6	4	4	3	7			7	7.5	7	6					8	7	7.5	7.5	
Palmer Barge Line	402	1		0.5				0.5																										
BFI-Tessman Road landfill	402	1.5		1	0.5																													
	402																																	
TDH Administrative	407	70.5	7	7				4	0.5	6	8	6.5			3	4	4	5	1			1	0.5	1	2	8					1	0.5	0.5	
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		188	8	8				8	8	8	8	8			8	8	8	8	8			8	8	8	8	8				8	8	8	8	
Leave:																																		
Annual	890	8			8																													
Sick-Employee	886																																	
Sick-Family Member	891																																	
Leave Without Pay	882																																	
Leave w/o Pay-Sick	887																																	
Overtime Comp Taken	871																																	
Compensatory Time Taken	893																																	
*Jury Duty	886																																	
Emergency Leave	895																																	
**Holidays	889	8																											8					
TOTAL		184	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8	
Holiday Subs. Earned	876																																	
Compensatory Time Earned	850																																	
FLEX Work Sched Adjust	855																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
 Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 988
 Form No. B-53 Revised 3/98 (cb-qpro 3.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbee 06/03/02
 Employee's Signature
 Supervisor's Signature
 Timekeeper Initial
 Authorized Payroll Signature

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 16:00
Lunch	

JUNE 2002
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4e420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 160

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R&H Oil/Tropicana Energy	402	36			4.5	5.5	3		3			5.5	8	5.5								0.5						0.5						
Port Drumm	402	18.5																					4.5			6		1	2	5				
WJ Smith Wood Preserving	402	7					1.5	2	2													1.5												
	402																																	
TDH Administrative	407	90.6			3.5	2.5	3.5	6	3			2.5		2.5	8	8			8	8		8	3.5				2	8	6.5	6	3			
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		152			8	8	8	8	8			8	8	8	8	8			8	8		8	8			8	8	8	8	8				
Leave:																																		
Annual	880																																	
Sick-Employee	886																																	
Sick-Family Member	891																																	
Leave Without Pay	892																																	
Leave w/o Pay-Sick	887																																	
Overtime Comp Taken	871																																	
Compensatory Time Taken	893																																	
*Jury Duty	896																																	
Emergency Leave	895																																	
**Holidays	899	8																				8												
TOTAL		160			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8				
Holiday Subs. Earned	876																																	
Compensatory Time Earned	850																																	
FLEX Work Sched Adjust	855																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

	Code
Holiday Subs. Taken	975
Extended Sick Leave	994
Emergency Leave	995
Jury Duty	996
Military Leave	997
Volunteer Fireman	998
Administrative Leave	988

Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbe 07/01/02
Employee's Signature
Supervisor's Signature
Timekeeper Initial
Authorized Payroll Signature

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

JULY

2002

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 184

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R&H Oil/Tropicana Energy	402	2																															2	
Port Drum	402	65	6	6	7	4.5				3	2		3	4			6	3						3	6.5	7	3					1		
WJ Smith Wood Preserving	402																																	
Falcon Refinery	402	28																								3.5	7				6	6	5.5	
TDH Administrative	407	50.5	2	2	1	1.5				6	6	6	6	4			2	2.5						5	1.5	1	1.5	1			2	1	0.5	
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		145.5	8	8	8	6	6			8	8	6	8	8			8	5.5						8	8	8	8	8			8	8	8	
Leave:																																		
Annual	890	28				2						2							8	8	8													
Sick-Employee	886	2.5															2.5																	
Sick-Family Member	891																																	
Leave Without Pay	892																																	
Leave w/o Pay-Sick	887																																	
Overtime Comp Taken	871																																	
Compensatory Time Taken	893																																	
* Jury Duty	896																																	
Emergency Leave	895																																	
** Holidays	899	8				8																												
TOTAL		184	8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	
Holiday Subs. Earned	876																																	
Compensatory Time Earned	850																																	
FLEX Work Sched Adjust	855																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code	
975	Holiday Subs. Taken
994	Extended Sick Leave
995	Emergency Leave
996	Jury Duty
997	Military Leave
998	Volunteer Fireman
988	Administrative Leave

Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbee 08/01/02
Employee's Signature

Supervisor's Signature

Timekeeper Initial _____ Authorized Payroll Signature _____

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 16:00
Lunch	

AUGUST

2002

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 176

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$	
ATSDR Administrative	402																																		
R&H Oil/Tropicana Energy	402	1	1																																
Port Drum	402	9.5								6.5	3																								
WJ Smith Wood Preserving	402																																		
Falcon Refinery	402	11	3.5	3.5					4																										
I.W. Treatment Plant	402	69									3.5			7	5.5	7	4	3			3	6.5	6	5.5	3			6		2.5	3	3.5			
TDH Administrative	407	56.5	3.5	2.5					4	1.5	1.5			1	2.5	1	4	6			2	1.5	2	2.5	6			2		5.5	5	4.5			
	407																																		
	407																																		
	407																																		
	407																																		
Subtotal Working Time		147	8	6					8	8	8			8	8	8	8	8			5	8	8	8	8			8		8	8	8			
Leave:																																			
Annual	890	2	2																																
Sick-Employees	886	16					8	8																											
Sick-Family Member	891	3																			3														
Leave Without Pay	882																																		
Leave w/o Pay-Sick	887																																		
Overtime Comp Taken	871																																		
Compensatory Time Taken	893																																		
*Jury Duty	896																																		
Emergency Leave	895																																		
**Holidays	899	8																											8						
TOTAL		176	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			
Holiday Subs. Earned	876																																		
Compensatory Time Earned	850																																		
FLEX Work Sched Adjust	855																																		

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
 Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 998
 Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbe 09/03/02
 Employee's Signature
 Supervisor's Signature
 Authorized Payroll Signature
 Timekeeper Initial
 9/3/02

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 16:00
	Lunch

SEPTEMBER

2002

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 168

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R&H Oil/Tropicana Energy	402	54.5												1	4.5			3	6	7	5.5	2.5			2	7	1	6	3			6		
Palmar Barge Line	402	1.5													1	0.5																		
WJ Smith Wood Preserving	402																																	
Falcon Refinery	402	3												1	1						1													
I.W. Treatment Plant	402	28.5			0.5			6	5		4.5	6			2			1.5											2					
TDH Administrative	407	56.5			2.5			2	3		3.5	3	7	1.5	4.5			3.5	2	1	1.5	5.5			1	1	7	2	3			2		
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		142			3			8	8		8	8	8	8	8			8	8	8	8	8			3	8	8	8	8			8		
Leave:																																		
Annual	890																																	
Sick Employee	886	18			5	8																			5									
Sick Family Member	891																																	
Leave Without Pay	892																																	
Leave w/o Pay-Sick	887																																	
Overtime Comp Taken	871																																	
Compensatory Time Taken	893																																	
*Jury Duty	896																																	
Emergency Leave	895																																	
**Holidays	899	8			8																													
TOTAL		168			8	8	8	8	8		8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8		
Holiday Subs. Earned	876																																	
Compensatory Time Earned	850																																	
FLEX Work Sched Adjust	855																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

	Code
Holiday Subs. Taken	975
Extended Sick Leave	994
Emergency Leave	995
Jury Duty	996
Military Leave	997
Volunteer Fireman	998
Administrative Leave	988

Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbe 10/01/02
Employee Signature
Supervisor's Signature
Authorized Payroll Signature

Timekeeper Initial

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

September

2003

Environmental Epi & Tox Division

Division/Region/Local Health Department

Work	Days Mon-Fri
Schedule	Hour 7:00-4:00
Lunch	1 hr

Prosperie

Susan

L

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes No

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

EO120

8928

Employee End Date

Complete in last month of employment only

Social Security Number

Employee #

Budget No.

Item No.

Hourly Employee Yes No X

HRS in Month

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administration	402	1.0										1.0																						
Longhorn/Caddo fish xsg	402	1.0									0.5	0.5																						
Conroe Creosoting Comp	402	1.3					1.0																	0.3										
Gulico Marine Maintenance	402																																	
Falcon Industries	402																																	
R&H Refinery	402	1.0																										1.0						
	402																																	
	402																																	
IDH Administrative	407	87.70	4.0		4	4.0	1.5				7.0	3.0	3.5	6.0	6.5			4.5	7.5					5.2	6.5	3.0	6.0	4.5			6.0	5.0		
Ballard Pitts Corpus Christi	407	11.5									1		2	2				0.5						2	1	2						1		
Booker Landfill	407																																	
Hebbornville Jim Hogg Wd	407	15.5	2.0	2.0	2.0	2.0						0.5					0.5							0.5	0.5	0.5	1.0			2.0	2.0			
Cox Road Dump	407	8.5	2.0	2.0	2.0	2.0						0.5																						
Lufkin Concern	407	0.5									0.5																							
	407																																	
	407																																	
	407																																	
	407																																	
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		128.00	8.0	8.0	8.0	6.5				8.0	4.0	8.0	8.0	6.5			5.0	8.0						8.0	8.0	5.5	6.0	6.5			8	8		
Leave:																																		
Annual	990																																	
Sick-Employee	986	4.50				1.5								1.5														1.5						
Sick-Family Member	991	7.5															3.0									2.5	2.0							
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Takes	971	22.0									4.0								8.0	8.0	2.0													
Compensatory Time Take	993	6.0																																
*Other	988																																	
*Jury Duty	996																																	
**Holidays	999	8.0	8.0																															
TOTAL		176.00	8.0	8.0	8.0	8.0				8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8.0	8.0	8.0	8.0	8.0			8	8		
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 988
 Form No. B-53 Revised 3/98 (cb-qpro 5.0)

RCD STAMP

10/21/03

I certify that the time shown is correct and that all leave has been properly recorded:

Employee Signature *Susan Prosperie* Date 10-1-03

Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

Date

OCTOBER

2002

(Year)

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ENVIRONMENTAL EPI & TOX DIVISION
COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 16:00
	Lunch

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 184

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R&H Oil/Tropicana Energy	402	11.5	4	1.6		1.5			4.5																									
Port Drum	402	71										3				3	7	6.5	6.5	6			8	4.5	4.5	4.5	5.5			4.5	6	3.5		
Falcon Refinery	402	8	1.6		1.6	1			0.6			1.6																			1	3		
I.W. Treatment Plant	402	23		2	6						6.6	5												0.6										
TDH Administrative	407	55.5	2.6	4.5	1.5	6.6			3	4	1.6	3	1.5			6	1	1.5	1.5	2			2	0.5	3	3.6	2.5			3.6	1	1.6		
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		167	8	8	8	8			8	4	8	8	6			8	8	8	8	8			8	5	8	8	8			8	8	8		
Leave:																																		
Annual	890																																	
Sick-Employee	886	11																						3									8	
Sick-Family Member	891	6								4		2																						
Leave Without Pay	892																																	
Leave w/o Pay-Sick	887																																	
Overtime Comp Taken	871																																	
Compensatory Time Taken	883																																	
*Jury Duty	896																																	
Emergency Leave	895																																	
**Holidays	899																																	
TOTAL		184	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	
Holiday Subs. Earned	876																																	
Compensatory Time Earned	850																																	
FLEX Work Sched Adjust	855																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

I certify that the time shown is correct and that all leave has been properly record

Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 988
 Form No. B-53 Revised 3/98 (cb-qpro 5.0)

Tom Ellerbee 11/01/02
 Employee Signature

Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

NOVEMBER

2002

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes No

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes No X # HRS in Month 168

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Travel \$
ATSDR Administrative	402																																
R&H Oil/Tropicana Energy	402	72						3.5	7	6.5				6.5	6.5	6	2				7	6	6.5	6.5			6	6					
Port Drum	402	9	2			3.5	2.5									0.5	0.5																
Falcon Refinery	402	4.5																		4				0.5									
I.W. Treatment Plant	402	4.5					3	0.5						1																			
W.J. Smith Wood Preserving	402	1						1																									
TDH Administrative	407	41	6			4.5	2.5	3	1	1.5				1.5	1.5	1.5	1.5			4	1	3	1.5	2			2	3					
	407																																
	407																																
	407																																
	407																																
Subtotal Working Time		132	8			8	8	8	8	8				8	8	8	4			8	8	8	8	8			8	8					
Leave:																																	
Annual	890																																
Sick-Employee	886																																
Sick-Family Member	891																																
Leave Without Pay	892																																
Leave w/o Pay-Sick	887																																
Overtime Comp Taken	871																																
Administrative Leave	888	12															4												8				
*Jury Duty	896																																
Emergency Leave	895																																
**Holidays	899	24												8																8	8		
TOTAL		168	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8		
Holiday Subs. Earned	876																																
Compensatory Time Earned	850																																
FLEX Work Sched Adjust	855																																

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

I certify that the time shown is correct and that all leave has been properly record

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

Employee's Signature
Supervisor's Signature
Timekeeper Initial
Authorized Payroll Signature
Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days Mon - Fri
Schedule	Hour 7:30 - 16:00
Lunch	

DECEMBER 2002
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE
Last Name

THOMAS R
First Name Initial

% Time Employed: 100

FWS Yes No

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes No X # HRS in Month 176

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R&H Oil/Tropicana Energy	402	7.5						5			0.5		2																					
Port Drum	402	3																																
Falcon Refinery	402	5																		1.5														
	402																																	
	402																																	
TDH Administrative	407	96.6				8	8	3			7.5	8	6	8				8	8	6.5		8							7			6	4.5	
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		112				8	8	8			8	8	8	8				8	8	8		8							8			8	8	
Leave:																																		
Annual	890	12																							8									
Sick-Employee	886																																	
Sick-Family Member	891	8																																
Leave Without Pay	892																																	
Leave w/o Pay-Sick	887																																	
Overtime Comp Taken	871																																	
Administrative Leave	888	20		8	8																													
*Jury Duty	896																																	
Emergency Leave	895																																	
**Holidays	899	24																								8	8	8						
TOTAL		176		8	8	8	8	8			8	8	8	8	8			8	8	8	8	8		8	8	8	8	8				8	8	
Holiday Subs. Earned	976																																	
Compensatory Time Earned	850																																	
FLEX Work Sched Adjust	855																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly record

Tom Ellerbe 1/2/03
Employee's Signature
Supervisor's Signature
Authorized Payroll Signature

Timekeeper Initial

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour:	7:30	-	16:00
	Lunch			

FEBRUARY

2003

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes No

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes No X # HRS in Month 160

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
R&H Oil/Tropicana Energy	402	18.5			1.5	7			0.5			4	3.5																2					
	402																																	
Falcon Refinery	402	1																										1						
USFWS/Caddo Lake NWR	402	66.5					3	7	6.5				3	1.5	6	6				6	6.5	4	6.5			5.5		1.5	3.5					
	402																																	
TDH Administrative	407	44			6.5	1	5	1	1			4	1.5	4.5	2	2				2	1.5	4	1.5			2.5		1.5	2.5					
	407																																	
	407																																	
	407																																	
	407																																	
Subtotal Working Time		130			8	8	8	8	8			8	8	6	8	8				8	8	8	8			8		4	8					
Leave:																																		
Annual	990	10												2																			8	
Sick-Employee	986																																	
Sick-Family Member	991																																	
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Administrative Leave	988																																	
*Jury Duty	996																																	
Emergency Leave	995	12																									8	4						
**Holidays	999	8																	8															
TOTAL		160			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8				
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

I certify that the time shown is correct and that all leave has been properly recorded:

Code
 Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 988
 Form No. B-53 Revised 3/98 (cb-qpro 5.0)

Tom Ellerbee 03/03/03
 Employee's Signature
 Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

MARCH

2003

BUREAU OF EPIDEMIOLOGY

(Year)

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 168

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$	
ATSDR Administrative	402																																		
	402																																		
R&H Oil/Tropicana Energy ✓	402	13																				2	2.5			1	1.5	2		2			2		
Falcon Refinery ✓	402	3.5																								2.5							1		
USFWS/Caddo Lake NWR ✓	402	56.5			1	6.5			6				3	6					3	6	4	5	3			4.5	3	4.5	0.5	0.5					
	402																																		
TDH Administrative	407	63			7	1.5			2			8	5	2					5	2	4	1	2.5			2.5	1	1.5	7.5	5.5			5		
	407																																		
	407																																		
	407																																		
	407																																		
Subtotal Working Time		136			8	8			8			8	8	8					8	8	8	8	8			8	8	8	8	8			8		
Leave:																																			
Annual	990	16													8	8																			
Sick-Employee	986																																		
Sick-Family Member	991	16					8	8																											
Leave Without Pay	992																																		
Leave w/o Pay-Sick	987																																		
Overtime Comp Taken	971																																		
Administrative Leave	988																																		
*Jury Duty	996																																		
Emergency Leave	995																																		
**Holidays	999																																		
TOTAL		168			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8		
Holiday Subs. Earned	976																																		
Compensatory Time Earned	950																																		
FLEX Work Sched Adjust	955																																		

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
 Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 988
 Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Tom Ellerbe 04/01/03
 Employee's Signature
 Supervisor's Signature
 Authorized Payroll Signature

Timekeeper Initial

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

MAY 2003
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes No

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

40420 75

Budget No Item No.

Hourly Employee Yes No X # HRS in Month 176

Employee End Date

Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$	
ATSDR Administrative	402																																		
	402																																		
R & H Oil/Tropicana Energy	402	29.5														1.5	4.5	3				2	2	1.5	2				5	3	2	3			
Air Quality (smoke-Mexico)	402	18								2	2			2	2	0.5	2	3				1	2	1	0.5										
Jones Rd gw plume	402	1	1																																
Falcon Refinery	402	35	6	1.5			3	6	6	3	4			3.5	2																				
USFWS/Caddo Lake NWR	402	5		2.5				0.5	1							1																			
e-mail complaint-septic system	402	2		2																															
W.J. Smith Wood Preserving	402	10																						2					2.5	3.5	2				
	407																																		
	407																																		
	407																																		
IDH Administrative	407	51	1	2			1	1.5	1	1	2			1.5	4	5	1.5	2				2.5	4	2.5	3.5	4			3	2.5	2.5	3			
	407																																		
Subtotal Working Time		151.5	8	8			4	8	8	6	8			7	8	8	8	8			5.5	8	5	8	4				8	8	8	8			
Leave:																																			
Annual	990	7								2				1											4										
Sick-Employee	986																																		
Sick-Family Member	991	9.5					4															2.5	3												
Leave Without Pay	992																																		
Leave w/o Pay-Sick	987																																		
Overtime Comp Taken	971																																		
Administrative Leave	988																																		
*Jury Duty	996																																		
Emergency Leave	995																																		
**Holidays	999	8																										8							
TOTAL		176	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			
Holiday Subs. Earned	976																																		
Compensatory Time Earned	950																																		
FLEX Work Sched Adjust	955																																		

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Tom Ellerbe 05/30/03

Employee's Signature

Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work Days	Mon - Fri
Schedule Hour	7:30 - 16:00
Lunch	

JUNE 2003 BUREAU OF EPIDEMIOLOGY
(Year) Division/Region/Local Health Department

ELLERBEE THOMAS R
Last Name First Name Initial
Personal Identifiers Redacted
Social Security Number 4c420 75
Budget No Item No.

% Time Employed: 100 FWS Yes No
Hourly Employee Yes No X # HRS in Month 168

Employee Begin Date Complete in first month of employment only
Employee End Date Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$	
ATSDR Administrative	402																																		
	402																																		
R & H Oil/Tropicana Energy	402	9			3		0.5						1															4.5							
	402																																		
Jones Rd gw plume	402	53			0.5	1	4.5				5.5	5	3	3	4			11	5	1						3	4.5	2						\$25.50/gas	
Falcon Refinery	402	1				1																													
	402																																		
	402																																		
W.J. Smith Wood Preserving	402	2			1	1																													
	407																																		
	407																																		
	407																																		
TDH Administrative	407	69		8	3.5	3	3				2.5	3	4	5	4				3	4		8				8	5	3.5	1.5						
	407																																		
Subtotal Working Time		134		8	8	6	8				8	8	8	8	8			11	8	5		8				8	8	8	8						
Leave:																																			
Annual	990	26				2		8																					8			8			
Sick-Employee	986																																		
Sick-Family Member	991																																		
Leave Without Pay	992																																		
Leave w/o Pay-Sick	987																																		
Overtime Comp Taken	971																																		
Administrative Leave	988																																		
*Jury Duty	996																																		
Emergency Leave	995																																		
**Holidays	999	8																			8														
TOTAL		168		8	8	8	8	8			8	8	8	8	8			11	8	5	8	8				8	8	8	8	8		8			
Holiday Subs. Earned	976																																		
Compensatory Time Earned	950																	3		-3															
FLEX Work Sched Adjust	955																																		

* Other: **Hourly employees leave this line blank. Fiscal will compute.

I certify that the time shown is correct and that all leave has been properly recorded:

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

Tom Ellerbee 07/01/03
Employee's Signature
Supervisor's Signature
Timekeeper Initial
Authorized Payroll Signature
Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
	Lunch			

JULY **2003**
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ☐ No ☐

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420

75

Budget No Item No.

Hourly Employee Yes ☐ No ☒ # HRS in Month 184

Employee End Date

Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
	402																																	
R & H Oil/Tropicana Energy	402	48	2.5	1.5												2							2		7	6	7			4	7	6.5	2.5	
	402																																	
Jones Rd gw plume	402	25.5		2	3				5		4	6	2.5			3																	3.5	
Falcon Refinery	402	3.5																																
	402																																	
	402																																	
W.J. Smith Wood Preserving	402	2																		2														
	407																																	
	407																																	
TDH Administrative	407	69.5	5.5	4.5	5				3	8	4	2	2			3				6			6	8	1	2	1			4	1	1.5	2	
	407																																	
Subtotal Working Time		148.5	8	8	8				8	8	8	8	4.5			8				8			8	8	8	8	8			8	8	8	8	
Leave:																																		
Annual	990	24														8	8	8																
Sick-Employee	986	3.5										3.5																						
Sick-Family Member	991																																	
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Administrative Leave	988																																	
*Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999	8				8																												
TOTAL		184	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
IFLEX Work Sched Adjust	955																																	

* Other:

**If hourly employees leave this line blank. Fiscal will compute.

Code
 Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 988
 Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Tom Ellerbee 07/31/03
 Employee's Signature
 Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

AUGUST

2003

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE

Last Name

THOMAS

First Name

R

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

4c420 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 168

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
	402																																	
	402																																	
	402																																	
R & H Oil/Tropicana Energy	402	14.5	1.5																								1	1		4.5	6.5			
Falcon Refinery	402	92	4.5				6.5	5.5					3	5	5.5	6.5	5.5			5.5	8	8	7.5	8		6	5		2					
Hebbronville - Arsenic	402	4				2.5	0.5	1																										
Paducah - cancer concerns	402	17.5							6.5	6.5			4		0.5																			
Smithland - gas leak	402	2											2																					
	407																																	
	407																																	
	407																																	
TDH Administrative	407	24	2			1.5	1	1.5	1.5	1.5			1	1	2	1.5	2.5			0.5			0.5				1	2		1.5	1.5			
	407																																	
Subtotal Working Time		154	8			4	8	8	8	8			8	8	8	8	8			6	8	8	8	8			8	8		8	8			
Leave:																																		
Annual	990	2																		2														
Sick-Employee	986																																	
Sick-Family Member	991	4				4																												
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Administrative Leave	988																																	
*Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999	8																																
TOTAL		168	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

I certify that the time shown is correct and that all leave has been properly recorded:

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

Tom Ellerbee 09/02/03
Employee Signature
Supervisor Signature
Authorized Payroll Signature

Timekeeper Initial

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

SEPTEMBER 2003 BUREAU OF EPIDEMIOLOGY
(Year) Division/Region/Local Health Department

ELLERBEE
Last Name
Personal Identifiers Redacted

THOMAS R
First Name Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Social Security Number

ED120 75
Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 176

Employee End Date

Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$	
ATSDR Administrative	402																																		
	402																																		
	402																																		
	402																																		
R & H Oil/Tropicana Energy	402	88.5	✓	5	3	5	7			3	4	0.5	2	3			5.5	7	4.5	2.5	7				3.5	5	7.5	3			3.5	7			
Falcon Refinery	402	3	✓			2																			1										
Jones Rd groundwater plume	402	9	✓									4.5	2.5	1											1										
Paducah cancer concerns	402	3.5																							2			1.5							
	402																																		
	407																																		
	407																																		
	407																																		
TDH Administrative	407	46.5		3	1	1	1			5	1.5	3	3.5	4			2.5	1	3.5	2.5	1				2.5	1	0.5	3.5			4.5	1			
	407																																		
Subtotal Working Time		150.5		8	4	8	8			8	5.5	8	8	8			8	8	8	5	8				8	8	8	8			8	8			
Leave:																																			
Annual	990	5.5									2.5								3																
Sick-Employee	986	8																						8											
Sick-Family Member	991	4			4																														
Leave Without Pay	992																																		
Leave w/o Pay-Sick	987																																		
Overtime Comp Taken	971																																		
Administrative Leave	988																																		
*Jury Duty	996																																		
Emergency Leave	995																																		
**Holidays	999	8	8																																
TOTAL		176	8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8			
Holiday Subs. Earned	976																																		
Compensatory Time Earned	950																																		
FLEX Work Sched Adjust	955																																		

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Tom Ellerbee 10/01/03
Employee's Signature
Supervisor's Signature
Timekeeper Initial
Authorized Payroll Signature
Date

10/3/03

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work Days	3
Schedule Hours	
Lunch	1 hour

December, 2002 2002
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

Walker Tina A
Last Name First Name Initial
Personal Identifiers Redacted
Social Security Number
4C420 98
Budget No Item No.

% Time Employed: 100

FWS Yes ___XXX___ No ___

Employee Begin Date

Complete in first month of employment only

Employee End Date

Complete in last month of employment only

Activity	Code	Total	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402	78					5				7	8	4	4			6	8	7	6	7										8	8	
	402																																
Comida Crossing	402																																
El Paso Metal Survey	402																																
Caddo Lake	402																																
	402																																
Prick Bayou	402	2											1				1																
R&H Oil	402	2											1				1																
STARS Updated	402	1											1																				
TDH Administrative	407	32		8	8	8	8																										
	407																																
	407																																
TDH 3	407																																
TDH 4	407																																
Subtotal Working Time		120		8	8	8	8	5				7	8	8	4			8	8	8	8	8									8	8	
Leave:																																	
Annual	890	19					3																		8				8				
Sick-Employee	886	8									8																						
Sick-Family Member	891																																
Leave Without Pay	892																																
Leave w/o Pay-Sick	887																																
Overtime Comp Taken	871																																
Compensatory Time Taken	893	5										1			4																		
* Other	896																																
Administrative Leave	888																																
**Holidays	899	24																								8	8	8					
TOTAL		176		8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8		8	8	
Holiday Subs. Earned	876																																
Compensatory Time Earned	850																																
FLEX Work Sched Adjust	855																																

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code	29
Holiday Subs. Taken	975
Extended Sick Leave	994
Emergency Leave	995
Jury Duty	996
Military Leave	997
Volunteer Fireman	998
Administrative Leave	988

###

40

I certify that the time shown is correct and that all leave has been properly recorded:

32

40

Tina Walker
Employee's Signature

Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

OCTOBER **2003** **BUREAU OF EPIDEMIOLOGY**
 (Year) Division/Region/Local Health Department

ELLERBEE **THOMAS** **R**
 Last Name First Name Initial

Personal Identifiers Redacted **ED120** **75**
 Social Security Number Budget No Item No.

% Time Employed: 100 FWS Yes ☐ No ☐

Hourly Employee Yes ☐ No ☒ # HRS in Month 184

Employee Begin Date _____
 Complete in first month of employment only

Employee End Date _____
 Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
	402																																	
	402																																	
	402																																	
R & H Oil/Tropicana Energy	402	✓4.5	1	2	0.5			1																										
Falcon Refinery	402	✓8			1			0.5								2	1.5		2.5					0.5										
Jones Rd ground water plume	402	✓3.5	2	1							0.5																							
Paducah cancer concerns	402	3		1.5	0.5			1																										
W.J. Smith Wood Preserving	402	✓85			2.5			3	6	7	6	6.5			6	2	3	4	1			4.5	2.5	4	5	5					5	7	5	
	407																																	
	407																																	
	407																																	
TDH Administrative	407	62.5	5	3.5	3.5			2.5	2	1	1.5	1.5			2	4	3.5	4	2.5			3.5	3.5	3.5	3	3			2.5		3	1	3	
	407																																	
Subtotal Working Time		166.5	8	8	8			8	8	8	8	8			8	8	8	8	6			8	6	8	8	8			2.5		8	8	8	
Leave:																																		
Annual	990	2																	2															
Sick-Employee	986	15.5																																
Sick-Family Member	991																																	
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Administrative Leave	988																																	
*Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999																																	
TOTAL		184	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8	
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other: _____ **Hourly employees leave this line blank. Fiscal will compute.

Code

Holiday Subs. Taken 975

Extended Sick Leave 994

Emergency Leave 995

Jury Duty 996

Military Leave 997

Volunteer Fireman 998

Administrative Leave 988

Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Tom Ellerbe 10/31/03
 Employee Signature

[Signature] 11/9/03
 Supervisors Signature

Timekeeper Initial _____ Authorized Payroll Signature _____

Date _____

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

NOVEMBER 2003
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

ELLERBEE THOMAS R
Last Name First Name Initial
Personal Identifiers Redacted ED120 75
Social Security Number Budget No Item No.

% Time Employed: 100

FWS Yes No

Employee Begin Date

Complete in first month of employment only

Employee End Date

Complete in last month of employment only

Hourly Employee Yes No X # HRS in Month 160

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
	402																																	
	402																																	
	402																																	
R & H Oil/Tropicana Energy	402	10												0.5					0.5			2.5	6.5											
Falcon Refinery	402	23												2.5	5				4							1.5	7	3						
Jones Rd groundwater plume	402	41.5							6	4				3.5	2	6.5			1	12.5	6												\$186.43	
Potsboro lead concerns	402	4																									4							
W.J. Smith Wood Preserving	402	12			1.5	5	3		2.5																									
	407																																	
	407																																	
	407																																	
TDH Administrative	407	37.5			6.5	3	5	2	1.5					1.5	1	1.5			2.5		2	1	1.5			6.5	1	1						
	407																																	
Subtotal Working Time		128			8	8	8	8	8					8	8	8			8	12.5	8	3.5	8			8	8	8					Total	
																																		\$186.43
Leave:																																		
Annual	990	8																																
Sick-Employee	986																																	
Sick-Family Member	991																																	
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Administrative Leave	988																																	
*Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999	16												8																8				
TOTAL		152			8	8	8	8	8					8	8	8	8		8	12.5	8	3.5	8			8	8	8	8					
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																			4.5		-4.5												
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988
Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Tom Ellerbe 12/01/03
Employee's Signature
Supervisor's Signature
Authorized Payroll Signature

Timekeeper Initial

Date

ENVIRONMENTAL EPI & TOX DIVISION

COST RECOVERY TIME SHEET

Work Days	Mon - Fri
Schedule Hour	7:30 - 16:00
Lunch	

DECEMBER

2003

BUREAU OF EPIDEMIOLOGY

Division/Region/Local Health Department

ELLERBEE

THOMAS

R

Last Name

First Name

Initial

% Time Employed: 100

FWS Yes ___ No ___

Employee Begin Date

Complete in first month of employment only

Personal Identifiers Redacted

ED120 75

Employee End Date

Complete in last month of employment only

Social Security Number

Budget No Item No.

Hourly Employee Yes ___ No ☒ # HRS in Month 184

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$	
ATSDR Administrative	402																																		
	402																																		
	402																																		
	402																																		
R & H Oil/Tropicana Energy	402	2			1																				0.5						0.5				
Falcon Refinery	402	55.5			2	7	6			6		6.5	4.5	4.5			3	3	2	7.5	3.5														
Jones Rd groundwater plume	402	3					1												2																
Kingsbury Metal Finishing	402	8.5								1	3	0.5	2	0.5			1						0.5												
W.J. Smith Wood Preserving	402	37.5																1	2		4		6.5	6							5	6.5	6.5		
	407																																		
	407																																		
	407																																		
TDH Administrative	407	39		5.5	5	1	1			1	1	1	1.5	3			4	4	2	0.5	0.5			1	1.5						2.5	1.5	1.5		
	407																																		
Subtotal Working Time		145.5		5.5	8	8	8			8	4	8	8	8			8	8	8	8	8			8	8						8	8	8		
Leave:																																			
Annual	990																																		
Sick-Employee	986																																		
Sick-Family Member	991	14.5	8	2.5							4																								
Leave Without Pay	992																																		
Leave w/o Pay-Sick	987																																		
Overtime Comp Taken	971																																		
Administrative Leave	988																																		
*Jury Duty	996																																		
Emergency Leave	995																																		
**Holidays	999	24																								8	8	8							
TOTAL		184	8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8		
Holiday Subs. Earned	976																																		
Compensatory Time Earned	950																																		
FLEX Work Sched Adjust	955																																		

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Code
 Holiday Subs. Taken 975
 Extended Sick Leave 994
 Emergency Leave 995
 Jury Duty 996
 Military Leave 997
 Volunteer Fireman 998
 Administrative Leave 988
 Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Thomas R. Ellerbee 01/05/04
 Employee's Signature

Supervisor's Signature

Timekeeper Initial

Authorized Payroll Signature

Date

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work	Days	Mon	-	Fri
Schedule	Hour	7:30	-	16:00
Lunch				

JANUARY **2004** **BUREAU OF EPIDEMIOLOGY**
(Year) Division/Region/Local Health Department

ELLERBEE **THOMAS** **R**
Last Name First Name Initial

Personal Identifiers Redacted **ED120** **75**
Social Security Number Budget No Item No.

% Time Employed: 100 FWS Yes ___ No ___

Hourly Employee Yes ___ No X # HRS in Month 176

Employee Begin Date _____ Complete in first month of employment only

Employee End Date _____ Complete in last month of employment only

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402																																	
	402																																	
	402																																	
	402																																	
R & H Oil/Tropicana Energy	402	1.5					1.5																											
Falcon Refinery	402	1.3					1.5																	0.5	1									
Jones Rd groundwater plume	402	2																														2		
Paducah cancer concerns	402	2.5								2.5																								
W.J. Smith Wood Preserving	402	79.5					3.5	5	4.5	4.5	7.5			6	7	7	2.5	1.5				1	5	6	6			5	3	3.5	1			
	407																																	
	407																																	
	407																																	
TDH Administrative	407	53.5					3	1.5	3.5	1	0.5			2	1	1	1.5	6.5				7	3	1.5	1			1	1	4.5	7	6		
	407																																	
Subtotal Working Time		142					8	8	8	8	8			8	8	8	4	8				8	8	8	8			6	4	8	8	8		
Leave:																																		
Annual	990	8		8																														
Sick-Employee	986																																	
Sick-Family Member	991	10														4												2	4					
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Administrative Leave	988																																	
*Jury Duty	996																																	
Emergency Leave	995																																	
**Holidays	999	16	8																			8												
TOTAL		176	8	8			8	8	8	8	8			8	8	8	8	8			8	8	8	8	8		8	8	8	8	8	8		
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																																	
FLEX Work Sched Adjust	955																																	

* Other: **Hourly employees leave this line blank. Fiscal will compute.

Code

Holiday Subs. Taken 975

Extended Sick Leave 994

Emergency Leave 995

Jury Duty 996

Military Leave 997

Volunteer Fireman 998

Administrative Leave 988

Form No. B-53 Revised 3/98 (cb-qpro 5.0)

I certify that the time shown is correct and that all leave has been properly recorded:

Tom Ellerbe 02/02/04
Employee's Signature

Supervisor's Signature

Authorized Payroll Signature

Timekeeper Initial

Date

Travel Vouchers

DO NOT STAPLE OR WRITE
IN THIS SPACE.
BARCODE LABEL HERE.

STATE OF TEXAS
TRAVEL VOUCHER FORM

COPY of _____

1. Archive reference number		2. Agency number 501		3. Agency name TEXAS DEPARTMENT OF HEALTH				4. Current document number IF 253013	
5. Effective date		6. Doc date (First Date of Travel) 08/09/01		7. Doc agency 501		8. FY 01		9. Document amount \$47.29	
10. Payto: (Name, address, city, state, ZIP Code) Thomas R. Ellerbee Personal Identifiers Redacted								11. Title Natural Resources Specialist IV	
								12. Designated headquarters Austin, Texas	
13. Payee identification number Personal Identifiers Redacted				14. AGENCY USE FUND 11530 BUDGET 4C420 CAT 11 ACTIVITY 402					
The account coding shown here represents a coding reduction scheme. Complete coding information is maintained within the TDH accounting system and stored as part of the official document record.									
15. FX									
APPN TC FUND PCA AY COBJ AMOUNT									
001									
AGENCY USE									
AGENCY USE									
AGENCY USE									
002									
AGENCY USE									
AGENCY USE									
AGENCY USE									
16. Service dates (Last date of Travel) 08/09/01				17. Description					
18. DISTRIBUTION									
Expense itemization for in-state travel									
Fares, Public Transportation (Attach Receipts) Taxi Air Fare Rental car									
Personal car mileage 168.9 miles Miles @ (Rate set by Legislature) \$ 0.28 \$47.29									
Meals and/or lodging									
Parking									
Incidental expenses (Itemize) Hotel - City tax Hotel - State tax fuel for rental car:									
Expense itemization for out-of-state travel									
Fares, Public Transportation Taxi Air Fare Rental car									
Personal car mileage Miles @ (Rate set by Legislature)									
Meals and/or lodging									
Parking									
Incidental expenses (Itemize)									
TOTAL \$47.29									
19. I certify that the expense account shown above is true, correct and unpaid. All claims for mileage reimbursement are based on the shortest distance between points or the most cost effective route considering the value of the employee's time.									
Claimant sign here Thomas R. Ellerbee		Date 8/10/01		Supervisor sign here Nancy B. Ingram		Date 8/10/01			
20. Contact name Susie Collins		Date 08/10/01		Phone (Area code and number)		21. Entered by [Signature]		Date [Signature]	
22. Approved sign [Signature]				Title				Date 8/10/01	

I: STATE								PER DIEM (Lodging Receipt Required)				ACTUAL EXPENSE		
a. Leave Headquarters				b. Arrive Headquarters				c. Meals non overnight not to exceed \$25	d. Actual meals not to exceed \$25	e. Actual lodging not to exceed \$70.	f. TOTAL not to exceed \$95	g. Meals	h. Lodging	i. TOTAL
Date	Hour	Min	m	Date	Hour	Min	m							
08/09	7	30	A	08/09	4	30	P				\$0.00			
TOTAL PARTIAL PER DIEM								j	TOTAL MEALS AND LODGING		k. \$0.00	TOTAL ACTUAL EXPENSE		l.

7107134

7106100

OUT-OF-STATE								PER DIEM (Lodging Receipt Required)				ACTUAL EXPENSE (No Receipts Required)		
m. Leave Headquarters				n. Arrive Headquarters				o. Meals non overnight not to exceed \$26	p. Meals not to exceed Federal Rate	q. Actual lodging not to exceed Federal Rate	r. TOTAL not to exceed Federal Rate	s. Meals	t. Lodging	u. TOTAL
Date	Hour	Min	m	Date	Hour	Min	m							
TOTAL PARTIAL PER DIEM								v	TOTAL MEALS & LODGING		w	TOTAL ACTUAL EXPENSE		x

7117134

7116100

DATE	y. INFORMATION REQUIRED BY THE STATE OF TEXAS TRAVEL ALLOWANCE GUIDE AND OTHER PERTINENT INFORMATION.	MILEAGE POINT TO POINT*
08/09/01	<p>Traveled from Austin headquarters via personal vehicle (1100 W. 49th Street) to 403 Somerset, San Antonio, Texas. I traveled to perform specific job duties which required my personal attention. Conducted a site inspection of R & H Oil Superfund site.</p> <p>Traveled from 403 Somerset, San Antonio, Texas to 535 New Laredo Highway, San Antonio, Texas. Attended community meeting concerning R & H Oil Superfund site at St. Joseph School.</p> <p>Traveled from 535 New Laredo Highway, San Antonio, Texas to 332 W. Commerce, San Antonio, Texas. Met with officials of San Antonio Metropolitan Health District, Environmental Services Division concerning the R & H Oil Superfund site.</p> <p>Departed San Antonio via personal vehicle for Austin, Texas. Arrived at TDH Austin headquarters to complete travel status.</p>	<p>77.5 miles</p> <p>5.7 miles</p> <p>8.2 miles</p> <p><u>77.5 miles</u> 168.90 miles</p>

*Show point-to-point breakdown, including intra-city mileage claims:

Use an additional form or a "CONTINUATION SHEET", if additional space is needed.

DO NOT STAPLE OR WRITE
IN THIS SPACE.
BARCODE LABEL HERE.

STATE OF TEXAS
TRAVEL VOUCHER FORM

Page ____ of ____

1. Archive reference number	2. Agency number 501	3. Agency name TEXAS DEPARTMENT OF HEALTH				4. Current document number 1F00011969
5. Effective date		6. Doc date (First Date of Travel) 10/18/01	7. Doc agency 501	8. FY 01	9. Document amount \$62.48	

10. Payee (Name, address, city, state, ZIP Code) Thomas R. Ellerbee Personal Identifiers Redacted	11. Title Natural Resources Specialist IV 12. Designated headquarters Austin, Texas
---	--

13. Payee identification number Personal Identifiers Redacted	14. AGENCY USE FUND 22530 BUDGET 4C420 CAT 11 ACTIVITY 402
---	---

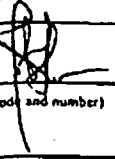
The account coding shown here represents a coding reduction scheme. Complete coding information is maintained within the TDH accounting system and stored as part of the official document record.

15. FX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
001	AGENCY USE						
	AGENCY USE						
002	AGENCY USE						
	AGENCY USE						

16. Service dates (Last date of Travel) 10/18/01	17. Description
--	-----------------

18. DISTRIBUTION				AMOUNTS
Expense itemization for in-state travel				
Fares, Public Transportation (Attach Receipts)	Taxi	Air Fare	Rental car	
Personal car mileage 181.1 miles	Miles @ (Rate set by Legislature)	\$ 0.345		\$62.48
Meals and/or lodging				
Parking				
Incidental expenses (Itemize)	Hotel - City tax	Hotel - State tax	Fuel for rental car	
Expense itemization for out-of-state travel				
Fares, Public Transportation	Taxi	Air Fare	Rental car	
Personal car mileage	Miles @ (Rate set by Legislature)			
Meals and/or lodging				
Parking				
Incidental expenses (Itemize)				
TOTAL				\$62.48

19. I certify that the expense account shown above is true, correct and unpaid. All claims for mileage reimbursement are based on the shortest distance between points or the most cost effective route considering the value of the employee's time.

20. Payee's signature Thomas R. Ellerbee	Date 10-23-01	Supervisor's sign here 	Date 10-24-01
21. Contact name Susie Collins	Date 10/23/01	Phone (Area code and number)	21. Entered by Susie Collins
22. Approved sign Nancy B. Engen		Title ASO	Date 10/29/01

L

IN-STATE								PER DIEM (Lodging Receipt Required)				ACTUAL EXPENSE		
a. Leave Headquarters				b. Arrive Headquarters				c. Meals non overnight not to exceed \$25	d. Actual meals not to exceed \$25	e. Actual lodging not to exceed \$70	f. TOTAL not to exceed \$95	g. Meals	h. Lodging	i. TOTAL
Date	Hour	Min.	m	Date	Hour	Min.	m							
10/18	8	00	A	10/18	5	00	P							
TOTAL PARTIAL PER DIEM j.								TOTAL MEALS AND LODGING k.			TOTAL ACTUAL EXPENSE l.			

7107134

7106100

OUT-OF-STATE								PER DIEM (Lodging Receipt Required)				ACTUAL EXPENSE (No Receipts Required)		
m. Leave Headquarters				n. Arrive Headquarters				o. Meals non overnight not to exceed \$26	p. Meals not to exceed Federal Rate	q. Actual lodging not to exceed Federal Rate	r. TOTAL not to exceed Federal Rate	s. Meals	t. Lodging	u. TOTAL
Date	Hour	Min.	m	Date	Hour	Min.	m							
TOTAL PARTIAL PER DIEM v.								TOTAL MEALS & LODGING w.			TOTAL ACTUAL EXPENSE x.			

7117134

7116100

DATE	y. INFORMATION REQUIRED BY THE <u>STATE OF TEXAS TRAVEL ALLOWANCE GUIDE</u> AND OTHER PERTINENT INFORMATION	MILEAGE POINT TO POINT*
10/18/01	Traveled from Austin headquarters, 1100 W 49 th Street, to San Antonio Metropolitan Health District, 332 W. Commerce Street, San Antonio, Texas. Met with officials of San Antonio Metropolitan Health District, Environmental Services Division concerning the R & H Oil/Tropicana Energy Superfund site	81.2 miles
	Traveled from San Antonio Metropolitan Health District to 403 Somerset, San Antonio, Texas. Conducted a site inspection of R & H Oil/Tropicana Energy Superfund site.	6.0 miles
	Traveled from R & H Oil/Tropicana Energy Superfund site to 1310 Division Street, San Antonio, Texas. Interviewed home owner about their water well usage and sampling information.	2.8 miles
	Traveled from 1310 Division Street to San Antonio Metropolitan Health District, 332 W. Commerce.	9.6 miles
	Traveled from San Antonio Metropolitan Health District to Austin headquarters.	81.5 miles
		181.1 miles
	*Show point-to-point breakdown, including intra-city mileage claims	

Use an additional form or a "CONTINUATION SHEET", if additional space is needed.

Rate Agreements

ASSESS 630 FY 02
Annual Report

Expenditure Summary
10/01/01-09/30/02 as of 03/03

Schedule B

FY02

	Allocated Expenditures 10/01 - 09/02 as of 03/03	Adjustments Dr	Cr	Subtotal Expenditures 10/01 - 09/02 as of 03/03	Projected Expenditures 09/02	Outstanding Encumbrances as of 03/03 as of 03/03	Contractual as of 03/03	Total Expend. 10/01 - 09/02 as of 03/03	FY '02 Award	Unobligated Balance of Award
01 Salaries	87,822.57 0.00			87,822.57 0.00						
Subtotal Salaries	87,822.57	0.00	0.00	87,822.57	0.00	0.00		87,822.57	172,731.00	84,908.43
10 Fringe Benefits	23,718.19	0.00 2)	0.00	23,718.19	0.00	0.00		23,718.19	38,139.00	14,420.81
11 Travel	8,878.50	0.00	0.00	8,878.50	0.00	0.00		8,878.50	12,121.00	3,244.50
12 Travel (Out of State)	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
Prof Fees & Services	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
40 Contractual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment Expenses	4,101.16	0.00	0.00	4,101.16	0.00	0.00		4,101.16	0.00	0.00
20 Non-Alloc. Supplies	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
20 Other Operating Expenses	11,129.37 0.00	0.00 0.00	0.00 0.00	11,129.37 0.00	0.00 0.00	0.00 0.00		11,129.37	28,832.00	15,702.63
Total Direct Costs	135,647.79	0.00	0.00	135,647.79	0.00	0.00	0.00	135,647.79	249,823.00	114,175.21
Indirect Costs	(1)	13,429.13	0.00	13,429.13	0.00	0.00	0.00	13,429.13	20,236.00	6,806.87
TOTAL	135,647.79	13,429.13	0.00	149,076.92	0.00	0.00	0.00	149,076.92	270,059.00	120,982.08

CL vac 1/2
Ed vac 1/2
For vac 1/4
Jalks
was made

Adjustments

- 1) Add in Cumulative Indirect Costs - See Schedule C
2) To adjust insurance benefits

Projection Comments:

Projections

Salaries:	Cumulative salaries divided by mos appl multiplied by mos remaining	12 X 0
Fringe Benefits:	Projected Salaries mult by appl fringe ben rate(not adjusted for BRP)	22.08%
Travel	Cumulative Travel divided by mos appl multiplied by mos remaining	12 X 0
	Remember: Travel is posted 1 month behind other expenditures	
Rent	Same as Salaries unless using O/S Encumbrances	12 X 0
Contractual	Use Contractual Reimbursements (Schedule B Support 2)	
Equipment	Use O/S Encumbrances	
Memos	Same as Salaries	12 X 0
O.O.E.	-	12 X 0

Indirect Cost Using percentages from Schedule C for Modified Direct Cost by location multiplying by applicable indirect cost rate

Location	% frm Sch C	Appl IC Rates	Projected IC
Offsite	0.0	0.0 x	14.1% = 0.0
Onsite	0.9	0.0 x	9.8% = 0.0
LHD	0.0	0.0 x	2.5% = 0.0
Offsite	0.0	0.0 x	14.1% = 0.0
Onsite	0.1	0.0 x	9.8% = 0.0
Onsite	0.0	0.0 x	2.5% = 0.0
		0.0	0.0

OK 1/4/2/03

NOTICE:

The source data (HHSAS, time allocation and CDS) for this grant report/schedule have changed from those previously used. Furthermore, these source documents may change again in future versions.

FY03

	Allocated Expenditures 10/02 - 12/03	Adjustments Dr	Cr	Subtotal Expenditures 10/02 - 12/03	Projected Expenditures 09/03	Outstanding Encumbrances as of 12/03	Contractual as of 12/03	Total Expend. 10/02 - 09/03	FY '03 Award	Unobligated Balance of Award
01 Salaries	201,183.76			201,183.76						
	0.00			0.00						
Subtotal Salaries	201,183.76	0.00	0.00	201,183.76	0.00	0.00		201,183.76	182,634.00	(18,549.76)
10 Fringe Benefits	51,340.98	0.00	0.00	51,340.98	0.00	0.00		51,340.98	38,644.00	(12,696.98)
11 Travel	8,163.06	0.00	246.84	7,917.42	0.00	0.00		7,917.42	18,424.00	10,506.58
20 Rent - Buildings	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
Prof Fees & Services	1,979.95	0.00	0.00	1,979.95	0.00	0.00		0.00	0.00	0.00
	0.00			0.00	0.00					
40 Contractual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,979.95	80,000.00	78,020.05
	0.00			0.00	0.00	0.00		0.00	0.00	
Equipment Expenses	5,159.23	0.00	0.00	5,159.23	0.00	0.00		5,159.23	10,488.00	5,328.77
	0.00			0.00	0.00	0.00		0.00	0.00	
20 Non-Alloc. Supplies	0.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00
	0.00			0.00	0.00	0.00		0.00		
20 Other Operating Expenses	2,606.90		91.74	2,515.16	0.00	0.00		2,515.16	28,613.00	26,097.84
	0.00	0.00	0.00	0.00	0.00	0.00				
Total Direct Costs	270,433.88	0.00	337.38	270,096.50	0.00	0.00	0.00	270,096.50	358,811.00	88,714.50
Indirect Costs	(1)	26,878.64	0.00	26,878.64	0.00	0.00	0.00	26,878.64	30,323.00	3,444.36
TOTAL	270,433.88	26,878.64	337.38	296,975.14	0.00	0.00	0.00	296,975.14	389,134.00	92,158.86

Adjustments

- 1) Add in Cumulative Indirect Costs - See Schedule C
2) To less Refund (Travel) 04/03

Projection Comments:

Projections

Salaries:	Cumulative salaries divided by mos appl multiplied by mos remaining	12 X 0
Fringe Benefits:	Projected Salaries mult by appl fringe ben rate(not adjusted for BRP)	23.02%
Travel	Cumulative Travel divided by mos appl multiplied by mos remaining	12 X 0
	Remember: Travel is posted 1 month behind other expenditures	
Rent	Same as Salaries unless using O/S Encumbrances	12 X 0
Contractual	Use Contractual Reimbursements (Schedule B Support 2)	
Equipment	Use O/S Encumbrances	
Memos	Same as Salaries	12 X 0
O.O.E.		12 X 0
Indirect Cost	Using percentages from Schedule C for Modified Direct Cost by location multiplying by applicable indirect cost rate	

Location	% frm Sch C	Appl IC Rates	Projected IC
Offsite	0.0	0.0 x	14.1% = 0.00
Onsite	0.0	0.0 x	9.9% = 0.00
LHD	0.0	0.0 x	2.6% = 0.00
Offsite	0.0	0.0 x	14.1% = 0.00
Onsite	0.1	0.0 x	10.5% = 0.00
Onsite	0.0	0.0 x	2.5% = 0.00
			0.0
			0.00

NOTICE:

The source data (MHSAS, time allocation and COS) for this grant report/schedule have changed from those previously used. Furthermore, those source documents may change again in future versions.

FY04 + 04 Extension

	Allocated Expenditures 10/03 - 03/05 as of 05/05	Dr	Adjustments	Cr	Subtotal Expenditures 10/03 - 03/05 as of 05/05	Projected Expenditures 03/05	Outstanding Encumbrances as of 03/05	Contractual as of 05/05	Total Expend. 10/03 - 03/05 as of 05/05	FY 04/05 Award	Unobligated Balance of Award
01 Salaries	267,013.97				267,013.97						
	0.00				0.00						
Subtotal Salaries	267,013.97	0.00		0.00	267,013.97	0.00	0.00		267,013.97	269,159.00	2,145.03
10 Fringe Benefits	55,208.99	0.00		0.00	55,208.99	0.00	0.00		55,208.99	78,603.00	21,394.01
11 Travel	9,320.10	0.00	2)	31.80	9,288.50	0.00	0.00		9,288.50	29,046.00	19,757.50
12 Travel (Out of State)	3,669.91	0.00		0.00	3,669.91	0.00	0.00		3,669.91	0.00	(3,669.91)
Prof Fees & Services	0.00	0.00		0.00	0.00	0.00	0.00		0.00	0.00	0.00
40 Contractual	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00		0.00	0.00	0.00	0.00		0.00	0.00	0.00
Equipment Expenses	0.00	0.00		0.00	0.00	0.00	0.00		0.00	7,000.00	7,000.00
20 Non-Alloc. Supplies	0.00	0.00		0.00	0.00	0.00	0.00		0.00		0.00
	0.00	0.00		0.00	0.00	0.00	0.00		0.00		0.00
20 Other Operating Expenses	3,993.69			0.00	3,993.69	0.00	0.00		3,993.69	35,578.00	31,582.31
	0.00	0.00		0.00	0.00	0.00	0.00				
Total Direct Costs	339,206.66	0.00		31.60	339,175.06	0.00	0.00	0.00	339,175.06	417,384.00	78,208.94
Indirect Costs	(1)	35,616.70		0.00	35,616.70	0.00	0.00	0.00	35,616.70	41,465.00	5,848.30
TOTAL	339,206.66	35,616.70		31.60	374,791.76	0.00	0.00	0.00	374,791.76	458,849.00	84,057.24

Adjustments

- 1) Add in Cumulative Indirect Costs - See Schedule C
- 2) To less Refund (Travel) 04/03
- 3) Add accrued FY 04 new IC rate and. (diff)

Projection Comments:

Projections

Salaries:	Cumulative salaries divided by mos appl multiplied by mos remaining	18 X 0
Fringe Benefits:	Projected Salaries mult by appl fringe ben rate(not adjusted for BAP)	28.46%
Travel	Cumulative Travel divided by mos appl multiplied by mos remaining	18 X 0
	Remember: Travel is posted 1 month behind other expenditures	
Rent	Same as Salaries unless using O/S Encumbrances	18 X 0
Contractual	Use Contractual Reimbursements (Schedule B Support 2)	
Equipment	Use O/S Encumbrances	
Memos	Same as Salaries	18 X 0
O.O.E.		18 X 0
Indirect Cost	Using percentages from Schedule C for Modified Direct Cost by location multiplying by applicable indirect cost rate	

Location	% Im Sch C	Appl IC Rates	Projected IC
Offsite	0.0	0.0 x	18.8% = 0.00
Onsite	0.6	0.0 x	10.5% = 0.00
LHD	0.0	0.0 x	11.3% = 0.00
Offsite	0.0	0.0 x	18.8% = 0.00
Onsite	0.4	0.0 x	10.5% = 0.00
Onsite	0.0	0.0 x	11.3% = 0.00
		0.0	0.00

NOTICE:

FY02#03, 04

STATE AND LOCAL RATE AGREEMENT

FIN #: Personal Identifiers Redacted

DATE: January 5, 2004

DEPARTMENT/AGENCY:
Texas Department of Health
1100 West 49th Street
Austin

TX 78756-3199

FILING REF.: The preceding
Agreement was dated
December 30, 2003

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
FINAL	09/01/01	08/31/03	9.9	Austin Office	All Programs
FINAL	09/01/01	08/31/03	14.1	Reg Offices	All Programs
FINAL	09/01/01	08/31/03	90.3	Hospitals	All Programs
FINAL	09/01/01	08/31/03	2.5	Local Health	All Programs
PROV.	09/01/03	08/31/04	10.5	Austin Office	All Program
PROV.	09/01/03	08/31/04	18.8	Reg Offices	All Programs
PROV.	09/01/03	08/31/04	70.6	Hospitals	All Programs
PROV.	09/01/03	08/31/04	11.3	Local Health	All Programs
OV.	09/01/04	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending August 31, 2004.		

The Base for the Health Department is total direct costs excluding: Capital expenditures (individual items of equipment or capitalized construction or renovation projects).

VIC food costs.

Subgrant/Subcontract amounts in excess of first \$25,000 per document.

All costs of the Disproportionate Share Program.

All client service costs (Title XIX) paid through the contractual arrangement with HIC.

5% of client service costs (Title XX) of the Vendor Drug and the Family Planning programs paid through the contractual arrangement with TDHS.

DEPARTMENT/AGENCY:
Texas Department of Health

AGREEMENT DATE: January 5, 2004

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost or salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition -

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

FRINGE BENEFITS:

FICA
Retirement
Worker's Compensation
Unemployment Insurance
Health Insurance
Post Retirement Health Benefits

Fringe 23.02% per FSE Sched B attached
FY03

DEPARTMENT/AGENCY:
Texas Department of Health

AGREEMENT DATE: January 5, 2004

SECTION III: GENERAL

LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions:
(1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as direct costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and
(4) The information provided by the organization which was used to establish the rates is not later found to be materially complete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes in the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require the approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

USE BY OTHER FEDERAL AGENCIES:

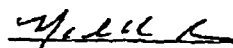
Any rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in this Circular. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

OTHER:

Any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

THE DEPARTMENT/AGENCY:
Texas Department of Health

DEPARTMENT/AGENCY)



(SIGNATURE)

Michelle Pharr

(NAME)

Chief Financial Officer

(TITLE)

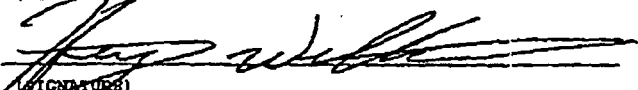
January 12, 2004

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)



(SIGNATURE)

Henry Williams

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION-

(TITLE) CENTRAL STATES FIELD OFFICE

January 5, 2004

(DATE) 0261

HHS REPRESENTATIVE: Terry D. Hill

Telephone: (214) 767-3263

STATE AND LOCAL RATE AGREEMENT

EIN #: Personal Identifiers Redacted

DATE: October 10, 2002

DEPARTMENT/AGENCY:
 Texas Department of Health
 1100 West 49th Street
 Austin

TX 78756-3199

FILING REF.: The preceding
 Agreement was dated
 March 29, 2000

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED		FINAL	PROV. (PROVISIONAL)	PRD. (PREDETERMINED)	
TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
FIXED	09/01/00	08/31/01	9.9	Austin Office	All Programs
FIXED	09/01/00	08/31/01	14.1	Reg Offices	All Programs
FIXED	09/01/00	08/31/01	90.3	Hospitals	All Programs
FIXED	09/01/00	08/31/01	2.5	Local Health	All Programs
PROV.	09/01/01	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending August 31, 2001.		

The Base for the Health Department is total direct costs excluding: Capital expenditures (individual items of equipment or capitalized construction or renovation projects).

WIC food costs.

Subgrant/Subcontract amounts in excess of first \$25,000 per document.

All costs of the Disproportionate Share Program.

All client service costs (Title XIX) paid through the contractual arrangement with NHIC.

95% of client service costs (Title XX) of the Vendor Drug and the Family Planning Programs paid through the contractual arrangement with TDHS.

DEPARTMENT/AGENCY:
Texas Department of Health

AGREEMENT DATE: October 10, 2002

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition -

Through fiscal year ended 08/31/99, equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit. Effective 09/01/99, the acquisition cost of equipment, as defined above, is \$5,000 or more per unit.

FRINGE BENEFITS:

FICA

Retirement

Worker's Compensation

Unemployment Insurance

Health Insurance

Per Schedule B Fringe = 22.08.0%

DEPARTMENT/AGENCY:
Texas Department of Health

AGREEMENT DATE: October 10, 2002

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Change to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE DEPARTMENT/AGENCY:
Texas Department of Health

(DEPARTMENT/AGENCY)

(SIGNATURE)

Machelle Pharr

(NAME)

Chief Financial Officer

(TITLE)

October 29, 2002

(DATE)

BY THE COGNIZANT AGENCY
ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Henry Williams

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION-

(TITLE) CENTRAL STATES FIELD OFFICE

October 10, 2002

(DATE) 0261

HHS REPRESENTATIVE: William E. Neptune

Telephone: (214) 767-5249

ASSESS 530 FY 01
Annual

Expenditure Summary
10/01/00-09/30/01 as of 01/02

Schedule B

	Allocated Expenditures 10/00 - 09/01 as of 01/02	Or	Adjustments Cr	Subtotal Expenditures 10/00 - 09/01 as of 01/02	Projected Expenditures	Outstanding Encumbrances as of 01/02	Contractual as of 01/02	Total Expend. 10/00 - 09/01 as of 01/02	FY '01 Award	Unobligated Balance of Award
01 Salaries	137,792.68			137,792.68						
	0.00			0.00						
Subtotal Salaries	137,792.68	0.00	0.00	137,792.68	0.00	0.00		137,792.68	179,491.00	41,698.32
10 Fringe Benefits	30,591.38	0.00 2)	175.96	30,415.42	0.00	0.00		30,415.42	40,026.00	9,610.58
11 Travel	5,207.21	0.00	0.00	5,207.21	0.00	0.00		5,207.21	17,841.00	12,633.79
20 Rent - Buildings	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
40 Contractual	214,697.00	0.00	0.00	214,697.00	0.00	0.00	0.00	214,697.00	214,697.00	0.00
50 Equipment	2,976.09	0.00	0.00	2,976.09	0.00	0.00		2,976.09	0.00	(2,976.09)
50 Major Equipment	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
20 Other Operating Expenses	9,383.42		0.00	9,383.42	0.00	0.00		9,383.42	19,082.00	9,698.58
Memo lab	0.00	0.00	0.00	0.00	0.00	0.00				
Total Direct Costs	400,647.76	0.00	175.96	400,471.62	0.00	0.00	0.00	400,471.62	471,137.00	70,665.18
Indirect Costs	(1)	17,087.01	0.00	17,087.01	0.00	0.00	0.00	17,087.01	21,722.00	4,634.99
TOTAL	400,647.76	17,087.01	175.96	417,558.63	0.00	0.00	0.00	417,558.63	492,859.00	75,300.17

Adjustments

- 1) Add in Cumulative Indirect Costs - See Schedule C
2) To adjust insurance benefits

Projection Comments:

Projections

Salaries:	Cumulative salaries divided by mos appl multiplied by mos remaining	12 X 0
Fringe Benefits:	Projected Salaries mult by appl fringe Ben rate(not adjusted for BRP)	22.08%
Travel	Cumulative Travel divided by mos appl multiplied by mos remaining	12 X 0
	Remember: Travel is posted 1 month behind other expenditures	
Rent	Same as Salaries unless using Q/S Encumbrances	12 X 0
Contractual	Use Contractual Reimbursements (Schedule B Support 2)	
Equipment	Use Q/S Encumbrances	
Memos	Same as Salaries	12 X 0
O.O.E.	-	12 X 0
Indirect Cost	Using percentages from Schedule C for Modified Direct Cost by location multiplying by applicable indirect cost rate	

Location	% from Sch C	Appl IC Rates	Projected IC
Offsite	0.0	0.0 x	17.6% = 0.0
Onsite	0.9	0.0 x	8.1% = 0.0
LHD	0.0	0.0 x	3.6% = 0.0
Onsite	0.0	0.0 x	17.6% = 0.0
Onsite	0.1	0.0 x	8.1% = 0.0
Onsite	0.0	0.0 x	3.6% = 0.0
			0.0

NOTICE: The source data (MHSAS, time allocation and CDS) for this grant report/schedule have changed from those previously used. Furthermore, these source documents may change again in future versions.

ENVIRONMENTAL EPI & TOX DIVISION COST RECOVERY TIME SHEET

Work Days	5
Schedule Hours	8
Lunch	1 hr

November 2003
(Year)

BUREAU OF EPIDEMIOLOGY
Division/Region/Local Health Department

Walker Tina A
Last Name Name Initial

% Time Employed: 100

FWS Yes XXX No

Employee Begin Date
Complete in first month of employment only

Personal Identifiers Redacted

4C420

Employee End Date
Complete in last month of employment only

Employee ID number

Budget No Item No.

Hourly Employee Yes No

X # HRS in Month 184

Activity	Code	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Travel \$
ATSDR Administrative	402	41.5			1	1.5		2	2							2			1	4	2	2	21	22	23	24	25	26	27	28	29	30	31	
	402																										8	8	8					
Conroe Cresting	402	14.5			2	1	8									2			1.5															
El Paso Metal Survey	402	26			2			1.5	2				8		6	4			2.5															
Caddo Lake	402																																	
Jones Road	402	2.5						1.5																										
R & H Oil	402	16																	1.5		4	6	4.5											
Jones Road	402	2.5																		2.5														
Ballard Pits	402																																	
STARS Updates	402																																	
TDH Administrative	407	13			1	3		2	2						1				2		2													
TEHI	407																																	
EMS	407	1			1																													
MDI	407																																	
Web Site Misc	407	15.5			1	2.5		1	2						8	1																		
Subtotal Working Time		132.5			8	8	8	8	8				8	8	8	8			8.5	7.5	8	8	4.5			8	8	8						
Leave:																																		
Annual	990	11.5										8											3.5											
Sick-Employee	986																																	
Sick-Family Member	991																																	
Leave Without Pay	992																																	
Leave w/o Pay-Sick	987																																	
Overtime Comp Taken	971																																	
Compensatory Time Taken	993																																	
*Other	996																																	
Administrative Leave	988																																	
**Holidays	999																																	
TOTAL		144			8	8	8	8	8			8	8	8	8	8			8.5	7.5	8	8	8			8	8	8	8	8	8	8		
Holiday Subs. Earned	976																																	
Compensatory Time Earned	950																		0.5	-0.5														
FLEX Work Sched Adjust	955																																	

* Other:

**Hourly employees leave this line blank. Fiscal will compute.

Weekly Totals Code
Holiday Subs. Taken 975
Extended Sick Leave 994
Emergency Leave 995
Jury Duty 996
Military Leave 997
Volunteer Fireman 998
Administrative Leave 988

I certify that the time shown is correct and that all leave has been properly recorded:

Tina Walker
Employee's Signature

Supervisor's Signature

Timekeeper Initial _____
Authorized Payroll Signature _____